AN ABSTRACT
OF A

Course of Lectures
ON THE

INTERNAL DISEASES OF THE EYE AS SEEN WITH THE OPHTHALMOSCOPE.

Delivered at the Royal London Ophthalmic Hospital, Moorfields.

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LECTURES V. & VI.

DISEASES OF THE RETINA.

GENTLEMEN,—*Hyperæmia of the retina* is not unfrequently met with, and may be either arterial or venous in character. *In the arterial or active hyperæmia* the disc is abnormally red, on account of the increased injection of the arterial twigs on its surface and at its margin. The size of the arteries is somewhat increased, their smaller twigs being also more numerous and apparent; the retinal veins are likewise dilated. In estimating the degree of vascularity of the disc and retina we must, however, always remember that it varies much in persons of different complexion, appearing more marked in florid and plethoric individuals than in the pale and anæmic. Here let me warn you especially against the error of too readily arriving at the diagnosis of "hyperæmia of the retina." I have not unfrequently found, when an inexperienced observer is entirely at fault as to the cause of some impairment of sight, that, rather than admit his inability to detect anything abnormal in the fundus, he will gravely shake his head and murmur: "Great congestion of the retina; the background of the eye looks very red." Now, the disc may be flushed by hyperæmia, but the retina cannot be, for its vessels are too far apart to give it any general redness. *In passive or venous hyperæmia* the retinal veins are large, dark, and perhaps tortuous, especially the smaller secondary branches, which often assume a somewhat corkscrewy appearance; in fact, the condition of the secondary branches always furnishes the best index as to the state of the venous circulation. There is frequently spontaneous or easily-producible venous pulsation; and, after a time, a slight œdema may appear round the disc and along the larger retinal vessels.

Retinitis.—Before I describe the various appearances which characterise the special forms of retinitis, I must briefly call your attention to certain symptoms which are more or less common to all forms of inflammation of the retina, and which may very well be grouped together under the title of "idiopathic retinitis."

Idiopathic retinitis is principally distinguished, ophthalmoscopically, by the following symptoms:—1. *Hyperæmia of the optic disc and retina.* The disc is abnormally red, the veins are dark, dilated, and tortuous, whilst the arteries are but slightly altered in appearance. 2. *Opacity of the retina and disc.* In the earliest stage there is only a delicate grey veil which covers the disc and retina, and hides the epithelium and vessels of the choroid. This veil appears especially along the course of the larger vessels, and in the vicinity of the optic nerve. It is delicate and uniform, or but faintly striated, shading off towards the periphery of the fundus and in the region around the yellow spot; in the latter situation the choroid, on account of the tenuity of the retina, shines through more distinctly, thus lending a darker-red tint to this point, which becomes still more apparent by its contrast with the opaque retina, and hence may be readily mistaken for an effusion of blood. The opacity of the retina (which is due to a serous effusion) gradually becomes more marked and of a greyer tint; the disc is somewhat swollen and œdematous, and its outline indistinct, on account of the choroidal and sclerotic margins being hidden by the serous infiltration. The latter also veils the retinal vessels more or less, and causes them to describe well-marked curves. When the inflammation affects the *parenchyma* of the retina, the ophthalmoscopic appearances are, however, much more marked, for then the optic disc is very swollen, opaque, and hyperæmic, the swelling and opacity being due to serous infiltration, proliferation of the connective tissue, or inflammatory exudations. The retina, moreover, not only shows the greyish cloudiness due to serous effusion, but is occupied by patches of exudation of varying size and appearance.* They may appear as small white dots strewn about singly, or in little clusters, or as large and well-marked patches. They are greyish-white, or cream-coloured, and glisten brightly if they contain much fat. These exudations may be situated in the external or internal layers of the retina, and their position with regard to the retinal vessels will afford us the best indication as to their exact situation. For if the patches occupy the external layers of the retina, the vessels pass distinctly over them without being veiled or hidden by them; whereas if the exudations are situated in the internal layers, they are somewhat striated, and the vessels are interrupted in their course, dip here and there into the patches, and are perhaps covered by them. The choroid in the vicinity of the exudations may show signs of inflammatory changes, which may become very apparent when the retina subsequently regains its transparency, the case having been, in fact, one of choroido-retinitis. 3. *Hæmorrhagic effusions* into the retina and optic disc are also generally observed, and vary likewise much in size, number, and situation. If they occupy the external layers of the retina, they are sharply defined, uniform, round, and lie distinctly beneath the retinal vessels; whereas, if they are situated in the inner layers, they are irregular in shape, and striated (on account of the blood-corpuscles following the course of the optic nerve-fibres, between which they are effused), and they more or less cover the vessels, the continuity of the latter being perhaps here and there interrupted, and the gap occupied by the hæmorrhage. If the blood is effused along the inner surface of the retina, it gives rise to large, uniform, smooth, red patches, which completely cover the vessels. 4. *The coats of the bloodvessels* often undergo sclerosis and fatty degeneration, and then appear as white bands, with a central red streak of blood running through them.

When the retinitis has lasted for some time, the opacities of the retina and disc, as well as the blood extravasations, may be absorbed, and the bloodvessels regain a more normal appearance. But if the nerve elements of the retina have suffered severely, much impairment of sight remains, or atrophy of the optic nerve and retina may close the scene.

The sight is always more or less impaired in retinitis, more especially if the region of the yellow spot or the nerve elements of the retina are much involved; objects often also appear abnormally small (micropsia), or bent and crooked (metamorphopsia). The visual field is generally somewhat affected, both as regards its extent and its continuity, for there are often gaps in it corresponding in situation to the more extensive hæmorrhagic effusions or exudations of lymph. Such gaps in the field appear to the patient as dark patches (scotomata). The external appearance of the eye generally remains quite or nearly normal; the pupil is, however, somewhat dilated and sluggish, and there may be slight photophobia and ciliary injection.

The *prognosis* must be guarded, and depends chiefly upon the extent to which the nerve elements of the retina have been implicated, for changes in them are not retrogressive. With regard to the *causes* of retinitis, it may in rare instances occur idiopathically, being produced by prolonged exposure to great glare or excessive use of the eyes; but, as a rule, it is due to some constitutional cause—e.g., syphilis, Bright's disease, diabetes,—or is consequent upon some other affection of the eye, such as choroiditis.

The *treatment* must vary with the cause. Complete rest of the eyes should be enforced, and they must be guarded against the effect of bright light by dark blue glasses. Free action of the bowels, the skin, and the kidneys must be maintained. The best local application in all forms of re-

* The application of the term "exudation" to these white patches is not always correct, for they are often due to proliferation of the connective tissue or nerve elements of the retina. I have, however, deemed it advisable to retain the name "exudation," as it is generally accepted, and as it is often impossible to distinguish with the ophthalmoscope between these different pathological products.

tinitis is the artificial leech, with which an ounce to an ounce and a half of blood should be taken from the temple every five or six days. If the patient is feeble and anæmic, dry cupping is to be substituted. If the exudations are considerable, I have often found much benefit from getting the patient rapidly under the influence of mercury by inunction, tonics being perhaps simultaneously administered. When the retinitis is dependent upon a constitutional cause, such as Bright's disease or syphilis, the treatment must, of course, have special reference to this. In Bright's disease, preparations of steel, or of steel and quinine, will prove most efficacious; in syphilis, mercurial inunction, and subsequently the use of iodide of potassium, should be prescribed. In these forms the artificial leech is also of great benefit.

Albuminuric (nephritic) retinitis presents some special symptoms which are so characteristic that the presence of Bright's disease may be diagnosed by means of the ophthalmoscope alone. Besides the usual symptoms of retinitis—e. g., swelling and opacity of the disc and retina, dilatation of the veins, and extravasations of blood,—there are at a later stage two special peculiarities, viz., a more or less extensive opaque mound round the disc, and numerous small, white, stellate spots in the region of the macula lutea. The mound is formed in the following manner:—Small white dots or large patches appear in different parts of the retina at some little distance from the disc. They gradually increase in size, coalesce, and finally give rise to this mound, which extends somewhat more to the nasal side; its peripheral margin being irregular, and broken up into small white round dots, which fringe the larger figure. The opacity extends also somewhat further along the course of the vessels. The mound does not reach up to the disc, but is always separated from the latter by a broad greyish zone of serous infiltration. In the region of the yellow spot is noticed a collection of small, white, glistening stellate dots, which look as if they had been splashed in with a brush, the centre of the yellow spot appearing very red. Subsequently these stellate spots may become merged in the larger exudations, and lose their characteristic appearance. The blood extravasations are generally numerous and large, and are particularly conspicuous on and around the white mound. Albuminuric retinitis does not, however, always present such characteristic appearances; for the symptoms above enumerated may either be less prominent, or some of them altogether absent. Thus the disc and adjoining retina may appear almost normal, the vessels be but little altered, the hæmorrhages but few, and here and there may be seen only some small white patches, which assume a streaky appearance at the yellow spot. Nephritic retinitis may become complicated with inflammatory changes in the choroid and vitreous, and with detachment of the retina. Atrophy of the optic nerve and retina may finally ensue.

In *syphilitic retinitis* the ophthalmoscopic symptoms are often but slightly marked. A delicate grey film veils the disc and the surrounding retina, not extending regularly in all directions, but frequently chiefly along the course of the vessels, and into certain portions of the retina, gradually passing into the healthy tissue. This film is best seen with a moderate degree of illumination, and is often so delicate as to appear only as an exaggeration of the physiological reflex. In the vicinity of the disc it is frequently faintly striated. The vessels are generally not very much altered in appearance, and the hæmorrhages are, as a rule, either almost entirely absent or but small and few in number. Small white punctated opacities may occur in the region of the yellow spot, and resemble somewhat those met with in Bright's disease, but they are not so bright and glistening as the latter, and undergo very rapid changes, disappearing and reappearing in the course of a few days, the sight undergoing corresponding fluctuations. Occasionally large white striated opacities are noticed, which may cause emptiness of the vessels by direct pressure. Von Graefe has called attention to a special form of syphilitic retinitis—viz., the *central recurrent retinitis*, which may recur twenty, thirty, or even eighty times, and is chiefly recognised by a bluish-green opacity in the yellow spot, corresponding to which the patient notices a dark central spot in the field of vision. In the opacity small white dots are sometimes noticed; but the disc and its vicinity are quite free from opacity.

Leucæmic retinitis was first described by Liebreich, and is especially characterised by the peculiar pale-orange tint of the fundus, the retinal vessels being likewise pale and of a faint rose colour. The disc is pale, and its outline indistinct, on account of the serous effusion, the retina in the vicinity presenting striated opacities. The blood effusions are numerous, but also of a light rosy tint. In the yellow spot are seen irregular pale patches or prominent white spots fringed with a red areola. It is a fact of great interest with regard to Cohnheim's recent researches, that Leber* has found with the microscope that these white patches are due to an agglomeration of white blood-corpuscles, which have exuded through the bloodvessels, the red areola being caused by red blood-corpuscles.

Hæmorrhagic retinitis is hardly a special form, the chief peculiarity being a marked tendency to numerous and large blood effusions, accompanied by serous effusion into the retina, but generally not by any exudations. The disease shows a great tendency to recur, and if it does so frequently, atrophy of the optic nerve and retina may ensue. Glaucomatous symptoms sometimes supervene upon hæmorrhagic retinitis, and, as we shall see hereafter, this constitutes a most dangerous form of glaucoma.

Retinitis pigmentosa is distinguished (as its name suggests) by the presence of pigment in the retina. If this has occurred to any considerable extent the greater portion of the retina is covered by large black masses, which are chiefly arranged along the course of the bloodvessels. They consist of small circular spots, some being larger, and having narrow prolongations, which cause them to resemble bone-corpuscles. There are also narrow black lines running along the sides of the vessels, and covering them, so that these may here and there appear changed into black lines. The pigment deposits are always greatest at the periphery, where they first appear; thence they gradually extend towards the posterior pole of the eye, which they encircle as with a broad dark girdle. The yellow spot may at a later period also become invaded. The impairment of sight and the great contraction of the field do not depend (as is sometimes erroneously supposed) upon the deposits of pigment, but upon the thickening of the coats of the bloodvessels, which narrows their calibre so much that an insufficient amount of blood is supplied to the retina, thus causing torpor of the latter, which becomes especially conspicuous when the illumination is dull. At a later stage of the disease (at the age of thirty-five or forty) atrophy of the optic nerve and retina almost always occurs. Choroidal changes are also often observed. These may be confined to thinning and atrophy of the epithelium, so that the choroidal vessels become more distinct; or the stroma of the choroid may become atrophied, and the sclerotic shine through, giving rise to brilliant white patches. Posterior polar cataract is likewise a frequent complication. The most characteristic symptoms of which the patients complain are night-blindness and very great contraction of the field of vision; but subsequently complete blindness almost always ensues. The disease is often met with in several members of the same family. It occurs most frequently in the offspring of marriages of consanguinity, and is sometimes combined with deaf-mutism (Liebreich). The instances of retinitis pigmentosa which you saw in two brothers this evening were cases in point, for their parents were cousins. Great contraction of the retinal arteries, and small white dots and stripes in the periphery of the choroid, are sometimes observed in children before the appearance of pigment in the retina; but they already suffer from hemeralopia and contraction of the visual field. The white choroidal dots and stripes are probably due to excrescences of the elastic lamina.†

Detachment of the retina from the choroid is easily recognised in the erect image if it be considerable and extend far into the vitreous; for, if the eye be moved in a certain direction, we notice that we do not gain a red reflex from all portions of the fundus, but that at a certain part it becomes of a bluish-grey tint. On closer inspection in the erect or reversed image, we observe a grey, perhaps floating, opacity, which is thrown into undulating folds with every movement of the eye, and is traversed by dark, crooked, and distorted vessels, riding on the folds of the detached portion, between which they dip and may even be completely hidden. On carefully tracing the limit of the

* Klinische Monatsblätter für Augenheilkund, 1869, p. 305.

† Vide Leber's article, "On Retinitis Pigmentosa," Archiv für Ophthalmologie, xv. 3.

detachment, we generally find that beyond the point where it distinctly commences there is a faint-grey opacity of the retina, the vessels being here abnormally dark, and showing a tendency to curve. This opacity is due to serous infiltration of the retina. When the detachment is but slight, and the subretinal fluid transparent, considerable dexterity is often required in detecting it. The best way of doing so is to trace the course of each individual vessel from the disc towards the periphery; for when the vessels reach the detached portion (which is generally somewhat opaque, and perhaps thrown into a little fold), they become darker and slightly bent. They then, also, lie closer to the observer, and he has to alter his accommodation somewhat in order to see them distinctly; and there will, moreover, be a parallax. Small partial detachments appear in the form of faint-grey streaks, over which, perhaps, a vessel curls. When the detachment is complete, it assumes a funnel shape, the apex being at the optic disc, the base at the ora serrata. Detachments of the retina are generally caused by a serous effusion from the choroid; but they may also be due to hæmorrhagic effusion, to a tumour, or to a cysticercus, &c. The principal subjective symptoms are: a grey undulating cloud in the field of vision, contraction of the latter, crooked and distorted appearance of linear objects (metamorphopsia); the central vision remaining, perhaps, almost normal, but this will become deteriorated in proportion as the detachment approaches the yellow spot. The treatment must chiefly consist in great rest of the eyes, dry cupping at the nape of the neck, or the guarded application of the artificial leech. Iodide of potassium may be given, and, in some cases, puncture of the detached retina is indicated.

In *embolism of the central artery of the retina* the loss of sight is generally extremely sudden and complete, the patient perhaps not being able to distinguish the strongest light. Ophthalmoscopically, we find that the disc is white, and the vessels greatly diminished in size, especially the arteries, which, if they are bloodless, look like thin white threads. The veins may, for a part of their course, be empty, or filled with a column of blood or blood-coagula; they are often more dilated at the periphery than near the disc, and a peculiar fluctuation is frequently noticed in the column of blood. Some days after the attack the region of the yellow spot becomes veiled by a greyish-blue film, due to serous infiltration, and is sometimes mottled by small grey dots. At the foramen centrale there is a marked cherry-coloured spot, which is not due to a hæmorrhagic effusion, but simply to the choroid shining through. If the embolus is not in the trunk of the artery, but in a branch of it, the swelling and œdema of the retina, the obliteration or narrowing of the vessels, and the loss of sight, are confined to the corresponding segment of the retina. In the diagnosis of such cases it is of importance to ascertain whether pulsation in the retinal arteries can be produced by pressure on the globe; for if there is no pulsation the circulation is arrested.

In cases of *tumour of the retina* (glioma retinæ), we at first observe with the ophthalmoscope numerous white glistening patches in the retina, which lie partly behind the vessels, and partly cover them. They soon coalesce and increase in size, gradually forming little nodules, which in their turn join and give rise to a cauliflower growth, which, augmenting in size, protrudes into the vitreous as a large yellowish-white nodulated mass, on whose expanse are noticed hæmorrhagic effusions and bloodvessels. Partial detachment of the retina generally occurs at an early stage, becoming at a later period complete. The tension is either normal or more or less increased, and this fact assists in the diagnosis between this and the simple form of detachment of the retina, in which the tension is usually diminished. As the glistening yellowish mass can be seen with the naked eye, the disease was formerly termed "amaurotic cat's eye." At a later stage the eyeball becomes filled with the morbid growth, and, finally, the latter perforates the globe, generally at the cornea, and then sprouts forth and increases very rapidly in size.

Atrophy of the retina occurs in the final stages of many of the intraocular inflammations, glaucoma, or cerebral amaurosis. The retina then becomes extremely attenuated and changed into thin connective tissue, hence the details of the fundus can be seen with unusual distinctness, and the retina does not yield the slightest reflex. The retinal vessels are excessively thin, looking like narrow lines or streaks, and finally disappearing altogether. The optic nerve is atrophied. Occasionally deposits of pigment or cholesterine are noticed in the retina.

CASE OF STENOSIS OF THE PULMONARY ARTERY, FOLLOWED BY TUBERCULAR PHTHISIS.

BY D. DYCE BROWN, M.A., M.D.,
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MISS ——, aged twenty-five, became a patient of mine on the 2nd of December, 1870. Her previous history is as follows:—Both her parents died of phthisis. When about two years old, her friends had discovered that her heart had something unusual about it, and that her face and fingers got blue on the least exercise. This blueness increased; and as she grew in years, though there was always more or less of it visible on the cheeks, lips, and fingers, yet, on any exertion or exercise, the cheeks, lips, and fingers became perfectly livid, and the breathing was short and difficult. She had, however, been in good health, generally, till about two years ago, when a cough came on, which was thought to mean nothing, and was not attended to. After this her health never was good. The cough increased, till, latterly, it had become very distressing; she lost flesh in a marked degree, had profuse perspirations, and became so weak that she had to take to her bed. When at school, she had once or twice coughed up some blood, and once or twice also had vomited matter of a coffee-ground appearance.

Present condition.—She is confined to bed, except occasionally rising for a short time. She complains of being excessively weak, and is much emaciated. This is not so visible in the face as in other parts of the body. Her present appearance, as compared with that shown in photographs taken in health, evidence a great loss of flesh. The face is of a bluish colour, best seen in the cheeks, lips, and fingers. The fingers are very much clubbed. Pulse about 120; temperature 101° in the evening, rather less in the morning; respiration 32 in the minute. Perspires very profusely whenever she falls asleep, and after fits of coughing. Cough very severe, coming on in long paroxysms, which keep her from lying down with any comfort, and end generally by producing vomiting; very little expectoration, and that of a clear, viscid character. After a fit of coughing, the face and hands are perfectly livid, and the conjunctivæ are injected of a dark colour. She has very marked aphonia; has no appetite, and what food she does take is very frequently rejected by vomiting caused by the cough; tongue covered with a thick yellowish fur; constant thirst; bowels tolerably regular. Cannot sleep at nights, partly from the cough and partly from pure sleeplessness. Complains of little or no pain in the chest, except after severe coughing; but finds palpitation very distressing. The catamenia have not appeared for six months.

On examining the chest, a very loud systolic bruit is audible over the whole of the region of the heart, and up to the left clavicle. It is also distinctly heard over the right front of the chest, and between the shoulders on the left side. It is nearly equally loud over the whole region of the heart, if anything louder over the right half of it. No distinct evidence of hypertrophy on percussion.

The physical signs of lung disease are not well marked. Neither side of the chest moves so well as should be. On a deep inspiration the right rises rather less than the left. There is no very marked flattening of either side absolutely, or as compared with the other. On percussion, the right front is slightly duller than the left, but neither gives out anything like a decidedly flat sound. On auscultation over the right front, the respiratory sounds are much masked by large mucous râle; the expiration is prolonged, but no tubular breathing is audible. Vocal resonance can hardly be estimated owing to the aphonia. Over the left front, with the exception of mucous râles, little can be detected, owing to the excessive loudness of the systolic bruit. In the supra-scapular regions there is nothing more marked.

Posteriorly, the right back is duller all over than the left; the breathing is feebler over the right than over the left side; and on taking a deep breath the inspiration is somewhat bronchial on the right side. Little or no mucous râles audible over either back. Although the physical signs of phthisis were thus so little marked, as is often the case in miliary tubercle, yet, by taking into account the history of the case, the great debility, the emaciation, the profuse perspirations, the cough with clear viscid sputa, the high temperature and rapid pulse, the aphonia, the loss of appetite, and the amenorrhœa, I had little difficulty in diagnosing tuberculosis of the right lung, and probably also of the left.

Under treatment, the symptoms ameliorated greatly. The cough soon ceased to come on in paroxysms and to produce vomiting. It was, in fact, reduced to a minimum; so that, except occasionally as the result of a chill following the perspirations, the patient hardly complained at all of the cough. Sleep returned, and she would have whole nights with almost no cough. She began also to sleep much through the day, and used to complain of inability to keep awake, although she never had an opiate from first to last. The palpitation also ceased entirely. The tongue cleaned; the appetite returned, and remained tolerably good until her death. The perspirations also were modified. But the pulse remained constantly quick, never being below 96 in the morning; the temperature also remained always high; and the aphonia persisted, with occasional temporary improvement. Nothing else requires specially to be mentioned during the four months she was under my care, except a slight pneumonic attack on the right side, a slight attack of pleuritic pain on the left, both of which passed off in a few days, and an attack of diarrhœa, which ceased after a day's treatment.

At the beginning of April of this year she felt so far well as to be out of bed, for the most part of the day, on a sofa in her bed-room; and on the 7th she was allowed for the first time to go to the dining-room, which was next to her bed-room. She said she had not felt so well for a long time; but on the evening of this day, while sitting quietly in the room, she coughed up, without any feeling of warning, pain or uneasiness, a considerable quantity of blood. For the next three days there was more or less blood expectorated among the sputa, which became more purulent than it had been before. There was also a considerable increase of the fever. On the 11th she seemed better in every way, had taken her food well through the day, and on laying herself down to rest for the night remarked to her maid that she thought she would have a good night, when suddenly a large quantity of blood came up without effort, and in about three minutes she was dead.

Sectio cadaveris, thirty-six hours after death. — Dr. Alex. Ogston was kind enough to be present, and conducted the examination. The chest was the only part examined. There was nothing unnatural about the pericardium. The heart was slightly enlarged, was soft in texture, and felt flabby. The walls of the left ventricle were thinner than natural, while those of the right ventricle were hypertrophied. All the cavities were slightly dilated, and contained fluid blood, but no clots. The mitral and tricuspid valves were slightly thickened, but otherwise healthy. The aortic and pulmonary valves were healthy. The foramen ovale was closed, but the septum between the auricles at this point was thin. In the right ventricle, at the portion known as the conus arteriosus, and just where the orifice of the pulmonary artery should have been, there was a narrow contracted orifice just large enough to admit the little finger, with a hard and distinctly cretified rim all round. This contracted ring involved all round, but especially at the right side, a considerable thickness of the muscular wall. On slitting this open, the valve proper of the pulmonary artery was found nearly half an inch further on than the cretified and contracted orifice before mentioned. The valve was perfectly healthy. About half an inch from this contracted orifice, to its right, and nearly on the same level, was a perfectly distinct triangular opening, with its apex upwards, and large enough to admit the point of the little finger. This opening went directly through to the left ventricle, emerging immediately below the aortic valve on its ventricular side, the apex of the triangular opening fitting into the division between two of the semilunar valves. It was, in fact, a deficiency at this point in the ventricular septum. In the left ventricle, about half an inch below the aortic valve, was a thickened reduplication of the lining membrane, with a firm edge, forming a distinctly marked ring, projecting from the wall of the ventricle. The pleuræ on both sides were very firmly adherent in every portion, and were studded with miliary tubercles. The right lung was literally filled with miliary tubercles, only two or three small spots of cheesy matter being seen. At the very summit were two small cavities. The base of this lung showed hypostatic congestion. The left lung had miliary tubercles scattered through it, but not to the same extent as in the right lung. At the very summit of this lung (left) was a cavity the size of a Tangiers orange, which was filled with grumous blood, and from which evidently the fatal hæmorrhage had proceeded. All these cavities in both lungs were lined with a tough leathery membrane.

Remarks.—This case is interesting from its rarity. Dr. Hermann Lebert, of Breslau, states, in a lecture on the subject of Stenosis of the Pulmonary Artery, published in the *Medical Times and Gazette* for Jan. 1st, 1870, that since the commencement of the eighteenth century only 150 cases have been recorded. He further states that "Professor Dittricht was the first to show that pulmonary stenosis may also be located in the right conus arteriosus; and I have discovered in the records of medical literature five such cases, with minute anatomical descriptions." The case, therefore, now recorded forms a sixth case, as the pulmonary valves themselves were perfectly healthy, while the contraction was nearly half an inch on the ventricular side of the valve proper. In Lebert's interesting lecture he gives a summary of the doctrines held regarding this disease, and deduced from the cases recorded. He states—1. That congenital pulmonary stenosis, when the contraction exists at the orifice proper of the pulmonary artery, is the result of intra-uterine endocarditis; while in the five hitherto recorded cases, the stenosis located in the conus arteriosus was the result of intra-uterine myocarditis. 2. That congenital "pulmonary stenosis involves, besides, a patent condition of the septum of the ventricles, of the foramen ovale, and even of the ductus Botalli, since the great obstruction in the pulmonary artery necessitates other routes for the blood." 3. "Finally, another conclusion warranted by all cases of the disease is of interest, that the endocarditis of the pulmonary valves, or the myocarditis of the conus, must be established before the end of the third month of intra-uterine life of the embryo, because after that time there no longer exists, normally, any communication between the two ventricles." 4. That patients affected with this disease, should they arrive at puberty, fall victims to tuberculosis.

In my case there was no patency of the foramen ovale, nor of the ductus Botalli, but simply a deficiency of the ventricular septum large enough to admit the point of the little finger. Lebert's belief in myocarditis would seem to have support in this case, as the muscular walls were involved in the contracted ring to a marked degree, especially at one side; while his statement that tuberculosis invariably comes on if the patients live long enough is corroborated fully.

Of course, it is clear that the lividity of the face and extremities is well accounted for by the constant mingling of venous blood with arterial through the ventricular opening, as well as by the obstruction to the flow of venous blood through the pulmonary artery. We have also a double cause for the loud systolic bruit heard nearly equally over the whole region of the heart.

Union-place, Aberdeen, May, 1871.

ON PRIMARY EXCISION OF THE ELBOW-JOINT.

BY C. F. MAUNDER,
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ALL surgeons are familiar with the operation of excision in cases of *disease* of the elbow-joint, but, judging from information which I have recently derived, *primary* excision of the ends of the bones forming this articulation, in cases of compound fracture opening the joint, is not familiar to all surgeons as a substitute for amputation.

During the ten years in which I have been a member of the

surgical staff of the London Hospital, it has fallen to my lot to perform primary excision eight times at least, probably oftener. An injury in this region of the upper extremity must be severe indeed to induce me to amputate the limb. The worst condition would probably be that in which a large extent of soft parts had either been carried away or been so damaged as to be beyond repair, and even then I would cut away an equivalent in bone so as to adapt the length of limb to remaining sound structures. Every attempt should be made to save a healthy hand; and it should also be borne in mind that the injury is situated at the upper and not the lower part of the forearm—a very important fact as regards the future utility of the hand, because an equally severe injury about the wrist would, if the limb were saved, be followed by more or less gluing together of those tendons upon the integrity of which the fingers depend for their utility. In the above-mentioned examples of excision the chief vessels and nerves of the limb have been uninjured, and possibly such would be a necessary condition in excision in the majority of instances, although, perhaps, an exception might now and then arise, the alternative, amputation, being postponed for a few days in order that the absolute necessity for such a severe measure might be established. In the majority of the above cases the injury resulted from a fall upon the elbow, and in this way the more important vessels and nerves escaped unhurt; but the uniformity of the fracture was remarkable—the lower end of the humerus being often broken into two chief fragments by a T-shaped fracture, one arm of the letter passing transversely above the condyles, the other at a right angle through the articular surface. This last was doubtless caused by the sharp edge of the greater sigmoid notch of the ulna. But it should also be borne in mind, and is important, that the bones when exposed by operation were more comminuted than was expected, and consequently, had no operation been performed for the removal of the fragments, severe local and general disturbance would have resulted. I am supported in this suspicion by the fact that occasionally cases have come under my observation in which, although a compound fracture close to the elbow had occurred, yet a communication with the joint was not positively determined. In such an instance the limb has been "put up," but the resulting local inflammation and general disturbance have been such as now and then to lead to amputation through the arm.

Notwithstanding the utility of the limb which follows the successful performance of this operation, it cannot be undertaken with the same freedom from risk as in chronic disease of this joint. In the latter case reaction is generally mild, and comparatively little suppuration follows; while, on the contrary, in primary cases, both local and general symptoms are severe for the first few days.

Operation.—This is not easy of performance. The bones entering into the formation of the joint are so irregular in their outline, especially when comminuted, that great care and the expenditure of some time are requisite in order to isolate them, and to separate the firmly attached muscles and ligamentous structures. Consequently, excision for injury is more difficult of execution than excision for disease, in which latter the muscular and ligamentous attachments are more or less wasted and destroyed. The operation is best commenced by a longitudinal incision along the centre of the back of the elbow, extending three fingers' breadth above and below the point of the olecranon; and, if conveniently situated, the original wound may be utilised to the extent of dividing the integuments only, but no deeper structures. Hitherto, when the H or the ⊢ incision has been resorted to, the transverse or the semitransverse cut has severed those very structures—the tendinous prolongation of the triceps to the fascia of the forearm—by which (I have lately demonstrated both upon the living and the dead subject) extension by the triceps muscle may be *always* secured. The integument being thus divided, the triceps muscle just above the olecranon should be cut longitudinally. The inner portion is to be detached from the end of the olecranon, and it, with the ulnar nerve and soft parts along the inner side of the bone ends, are to be separated from the bones. The outer half of the severed muscle is not to be cut transversely, but is to be scrupulously preserved continuous with its tendinous fibres which run forward between the point of the olecranon and the external condyle of the humerus. When this structure, together with muscular fibre, is detached from the subjacent bones, a broad and thick band of tissue will have been preserved, competent hereafter to extension of the forearm. Now the olecranon, if not already broken off, should be removed. Having done this, the joint is exposed, and the abnormal relations of the fragments of bone to each other can be determined, and their several removal effected. Without this the difficulties of the operation would be greatly increased, and a large section of skin be necessary.

I am acquainted with no operation, of equal magnitude, the result of which can be, as a rule, more gratifying both to the patient and the operator. To this end both patient and surgeon require patience and perseverance. The passive movements necessary to secure a useful limb are often very trying to the sufferer, and painful, in a different sense, in their execution to the surgeon. As soon as the acute inflammatory symptoms, should they arise, have subsided, and suppuration is of small extent, pronation and supination of the hand should be performed on the injured limb by the surgeon with one hand, while with the other he holds firmly the shaft of the ulna. At a later period, where a soft union is judged, after careful manipulation, to be taking place at the elbow, flexion and extension are to be slowly but unflinchingly carried on by the hand of the surgeon, and the patient is to be encouraged in these exercises himself. In this way a most useful limb, retaining the chief movements of the healthy joint, and great strength may be secured to the patient, as I have lately shown by the exhibition of patients at several medical societies. Of the eight cases alluded to, six occurred in hospital and two in private practice. Of these, two died—one of pyæmia, and the patient in this instance was of a most desponding temperament, having expressed a certainty of death as soon as he met with the accident, and throughout his illness; the other was also the subject of a compound fracture of the skull.

New Broad-street, April, 1871.

ON PAIN, AND SOME OF THE REMEDIES FOR ITS RELIEF.

BY WILLIAM DALE, M.D. LOND.

(*Continued from p. 642.*)

CLASS II.

1. *Passage of Biliary Calculi.* 2. *Passage of Urinary Calculi.* 3. *Intestinal obstruction.*—These diseases may be noticed together, since they affect similar structures, and the sufferings attending them have a similar cause—namely, increased muscular action in the ureters, intestines, &c., in propelling their contents, when there is partial or complete obstruction to the passage of the same; often combined with great distension and more or less inflammation. In all, the pain is frequently intense and intolerable, and may last for hours or even for days. Let us choose from these diseases a typical case. Let it be obstruction of the bowels. At first the pain complained of may be slight—a mere griping or uneasiness; but soon it increases in severity, and is accompanied by distension and violent rolling movements of the intestines. Sometimes severe and agonising pain begins at once, after retching, straining, &c.; and in a few hours the patient may be in a state of collapse, with scarcely any pulse, and bathed in a cold clammy sweat. The pain—always present and severe until near the fatal close, if the obstruction continue—has paroxysms of intensity, brought on by writhing peristalsis, when the intestines, like so many snakes, may be observed twisting and rolling about within the abdominal walls. Great distension, tenesmus, and tormina, in some cases flatulent discharges within the bowels and violent vomiting, often of fæcal matters, add further to the miserable condition of the patient. Dr. Brinton, who is one of our chief authorities on this disease, and who left a posthumous work treating of it, remarks that "the amount and duration of the pain vary with the degree of that local injury which is associated with the production of the obstructed state; so that it is usually intense in intussusception, and in the impaction of gall-stones; somewhat

less marked in the obstruction produced by twisting of the bowel or by bands or adhesions; scanty in the obstruction of stricture; and almost absent in the obstruction caused by the impaction of fæces in the large intestine."* Some years ago I had under my care a very protracted case of intestinal obstruction, caused by a membranous band which constricted the lower part of the ascending colon, and by adhesions which bound it down to the fascia beneath. At intervals during twenty-one months the sufferings of the patient were most severe, and he died at last from sheer exhaustion, as for several months he could not take any solid food without increase of pain and uneasiness.

4. *Neuralgia.*—I pass on to neuralgia, which is *par excellence* a painful disease, and may attack any part of the body. The worst cases I have seen have been where it has seized the nerves of the head, of the face, or of the uterus, and the sciatic nerve or its branches; giving us the varieties named tic, hemicrania, sciatica, &c. I once saw a gentleman whose face, from constant twitchings of its muscles, was distorted as if from paralysis by frequent and most terrible attacks of this disease; and within the last year I have had a very bad case of hemicrania, which resisted all remedies for many weeks. I recollect also having seen a case of neuralgia of the uterine nerves which came on every now and then, like an electric shock, and caused intense agony; but fortunately the attacks were of short duration, and the disease soon subsided.

Toothache is often neuralgic in its character and in its severe periodic attacks; but it depends on several causes; and since it might be thought somewhat ludicrous to sympathise with "tortured gums" and "twanging jugs," and since diseases of the teeth are almost, by common consent, banished from our province, it may be passed by with this brief notice—the poet's misery and anathema notwithstanding.

5. *Tetanus.*—The next disease claiming attention is tetanus; its chief symptoms being spasm and rigidity of several voluntary muscles, giving rise to intense and continuous agony. In mild cases there are stiffness and rigidity of the neck, and lock-jaw or trismus; but in the more severe, bending of the body backwards, or forwards, or to either side, according to the situation of the muscles which are affected: hence the terms opisthotonos, emphosthotonos, and pleurosthotonos. The following graphic description is true to the life, and cannot well be improved:—"Frightful suffering caused by tetanic spasm: face pale; brows contracted; skin covering forehead corrugated; eyes fixed and prominent; nostrils dilated; corners of the mouth drawn back; teeth exposed, and features fixed in a grin (risus sardonicus); respiration performed with difficulty and anguish; severe pain at the sternum; great thirst, but agony increased by attempts at deglutition; pulse feeble and frequent; body covered with perspiration; no sleep; and the intellect remaining clear and unaffected. Death usually occurs between the third and fifth days, partly from suffocation, partly from exhaustion."† This is no exaggerated account of the disease. Indeed, it is not to be wondered at that the eyes start out from the head, that the nostrils are dilated, that the body is bathed in sweat, or that the face wears the sardonic grin; for I have seen a powerful horse bathed in sweat, trembling in every limb, and exhibiting other signs of torture, when under the influence of this disease. I recollect a case of tetanus occurring in the practice of the Leeds Dispensary when I was one of the medical officers of that institution, which was occasioned by a somewhat singular blow. A man ran into a room of the house where he lived to interfere between a husband and wife, who were quarrelling; just as he entered the door the woman threw a stool at her husband, but it struck her would-be friend on the cheek-bone, and tetanus followed the injury, from which, however, the patient made a favourable recovery.

Now, what agents do we possess for the relief of this "grievous scourge of humanity"—*pain?* It is a pleasing reflection that there are within our reach several medicines or panacea upon which we can place more or less dependence in contending with this great evil. Various sedatives and hypnotics have been known and employed for this purpose—I had almost said for all time,—and I may say, at least, for many ages; whilst two preparations may be claimed as discoveries by the present generation, and bid fair to rival or throw all the rest into the shade.

The principal old medicines are—

1. *Sedatives* — namely, aconite (monkshood), tobacco, lobelia (Indian tobacco), Indian hemp, and foxglove.

2. *Narcotics:* Hemlock, henbane, belladonna (deadly nightshade), stramonium (thorn apple), and opium (*a*) in union with hemlock, henbane, and belladonna, (*b*) hypodermic injections of morphia, &c.

The new medicines referred to above are—chloroform and hydrate of chloral.

Addenda.—Counter-irritants, hot baths, fomentations, galvanism, &c.

I purpose dwelling briefly upon each of these medicines, pointing out their characteristic properties, in so far as they are serviceable for the relief of pain, and more especially in the diseases just passed in review.

I take the *Sedatives* first, in the order in which they have been placed.

Aconite is a general sedative, internally administered, and also a valuable external anæsthetic, tending to extinguish pain when applied to the surface of the body. A sensation of cold, tingling, and at length complete numbness, are its most sensible effects. The alkaloid, Aconitina or Aconitia, is a very active poison, $\frac{1}{12}$ gr. sufficing to kill a mouse, $\frac{1}{120}$ gr. a small bird, and $\frac{1}{12}$ gr. or $\frac{1}{10}$ gr. a cat; and it is calculated that $\frac{1}{10}$ gr. will kill a man, so that its internal use requires great caution. The liniment and ointment of aconitia have been used with good effect in neuralgia.

Tobacco, Lobelia, and Indian Hemp.—These medicines may be noticed together, as their properties are similar, or at least their effects upon the human body differ in degree only. Tobacco is powerfully sedative, and then hypnotic. Lobelia has the same properties, but is milder in its action. It is generally placed among narcotics, but its sedative action is much more evident (Headland). The ethereal tincture has been extolled in asthma, but is not to be depended upon. Tobacco smoked from a pipe is certainly a valuable remedy in asthma, as it will often prevent an attack, or cut it short after it has already commenced. It is worthy of a more extensive trial in tetanus, in obstruction of the bowels, and the passage of gall-stones and urinary calculi. Its pleasantly soothing effects on the nervous system in worry and care let the smoker tell! Indian hemp has been highly extolled in tetanus, but, its action being uncertain, it has lost repute. The tincture, in doses of ten to fifteen drops, has been recommended by Dr. A. T. Thompson as a sedative to relieve the cough in phthisis, but in my hands it has not succeeded. Dr. Broster, in THE LANCET of Jan. 14th, 1871, recommends it, combined with glycerine in phthisis; and though many other remedies appear to have been employed at the same time, yet a reputed cure is attributed to its use.

(To be continued.)

* Brinton on Intestinal Obstruction. 1867. † Tanner.

MEDICAL NOTES ON SOLDIERS' WIVES.

BY FRANCIS R. HOGG, M.D.,
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THE following statistics, collected at Woolwich during the past year, refer mostly to the wives of men belonging to the Royal Artillery. According to the motto of the regiment, "*Ubique quo fas et gloria ducunt,*" the British gunner is here, there, and everywhere, followed too frequently by a devoted wife with a tremendous family. At one time in good quarters, sometimes doubled up in a barrack-room, then in a hut, elsewhere under canvas or in lodgings, we next trace the soldier's wife, ever on the wing, suddenly ordered off, on board ship with her young family tossing about on the ocean, equally prepared to shiver in the piercing cold of Canada or to broil under a blazing sun in India. Yet, as a rule, but few confess to worse health, and these had no children.

Menstruation.—Out of 1600 inquiries, 1 woman commenced to menstruate at the age of nine, 5 at ten, 33 at eleven, 34 at nineteen, 14 at twenty, 4 at twenty-one, and 1 at twenty-two, the average initial period being the age of fifteen.

Ten women menstruated after marriage at the ages of fourteen, fifteen, seventeen, eighteen, and nineteen. One woman did not menstruate until the birth of her first child, and at the age of seventeen. Ten instances menstruated up to quickening. One instance menstruated every month up to delivery with two girls, up to quickening with nine boys, and regularly during lactation with all. Another with four out of eight children menstruated every month excepting the last. About 9 per cent. menstruated regularly during lactation, chiefly with boys, without any harm resulting. Instances of vicarious menstruation from the ears and finger-nails, or occurring as hæmoptysis, epistaxis, or dysentery, were occasionally met with, together with cases of severe constitutional disturbance preceding or ushering in the initial period: one woman became temporarily blind and another lost the use of her legs at this critical time. As soldiers leave the service at an age that the civilian, untried by climate, would call the prime of life, obviously but few opportunities happen of finding out from their wives when menstruation ceases; however, 1 woman ceased at the age of twenty-three, 1 at thirty-eight, 5 at forty, 1 at forty-one, 4 at forty-two, 4 at forty-five, 3 at forty-six, 3 at forty-seven, 2 at forty-eight, 2 at forty-nine, 2 at fifty, and 2 at fifty-three. Through fright and trouble, menstruation, long ceased, partially returned in 2 instances.

Marriage.—Out of 1200 inquiries, 42 women married at sixteen, 20 at fifteen, 6 at fourteen (abroad), and 3 at thirteen and six months (abroad); 4 married twice before reaching the age of twenty.

Sterility.—1200 inquiries: only 52 women do not appear as yet to have been impregnated; several had weakly husbands, suffering from renal diseases; others had married late, menstruated late, or were the youngest of large families; or from scarlet fever, ague, rheumatism, epilepsy, leucorrhœa, uterine diseases, or displacements, were in bad health.

Abortion.—1200 inquiries: 388 women aborted; 44 three times, 14 four times, 4 five times, and 1 six times, yet an immense amount of fatigue, privation, exposure, and worry was undergone in varied climates (especially in phthisical subjects) without mishaps. One woman fell into the fire insensible when quickening; another, in the depth of winter, let herself down a well by a clothes-line, picking up one of her children who had tumbled in, yet both women gave birth to healthy children. It is stated that, in spite of the horrors of the Indian mutiny, in epidemics of cholera, of fever in the Mauritius, and of yellow fever at Bermuda and other places, soldiers' wives generally satisfactorily fulfilled the period of pregnancy.

Family histories.—1200 inquiries; 229 women with a phthisical taint; as a rule amazingly fertile; mostly came from Ireland, Devonshire, Cornwall, and of course a large number from Kent. Out of 600 inquiries, 52 women stated that their mothers were consumptive, 24 that the mother died in childbirth, and 33 suffered greatly at the change of life. As a rule, though the military life is a hard one, and not to be compared with any other class, phthisis appeared diverted by marriage, and better health enjoyed, excepting in the instances where both parents of patients were phthisical, and where no children resulted from marriage.

Labours.—As a rule, good. Out of 980 cases under treatment in the Female Hospital, Woolwich, during a period of eight years, 11 women died either through the accidents of childbirth or from fever after. Out of 1200 other inquiries, 34 women at one time or another were instrumentally delivered, and of these 5 accidents of laceration of the perineum appear to have taken place. Very soon after delivery, out of 700 inquiries, 15 women have suffered from fevers of puerperal type, 1 woman had scarlet fever, 1 diphtheria, 2 erysipelas, without any permanent constitutional damage, 11 women had mammary abscesses; 2 also had variola immediately after delivery, whose children contracted the disease, and died.

Pregnancy.—Without including the associated symptoms of vomiting, varicose veins, neuralgia, cramp, constipation, diarrhœa, menstruation, toothache, numbness of various joints, &c., out of 750 inquiries, 28 women suffered during pregnancy from hæmoptysis, 22 from hæmorrhage, 6 from insalivation, 6 from ague, 4 from aphonia, 4 from deafness, 4 from insomnia, 6 from convulsions (epileptiform), 3 from paralysis, 3 from scarlet fever. Single instances were met with of earache, epistaxis, mastodynia, mammary abscess, bubo, hernia, erysipelas, sunstroke, typhus, yellow and rheumatic fever, epilepsy, urticaria, and obstinate sneezing. Most of these symptoms subsided after delivery, excepting in one instance of paralysis, and that of obstinate sneezing, which hitherto has defied all treatment, homœopathy included. Two instances of moon-blindness—one at St. Helena, the child born blind; the other at Aden, depending on the glare of the sun, the sea, the white houses, and the absence of green; the child died a few months old of convulsions. Subsequently giving birth to another child at Woolwich, the woman for two days entertained the delusion that she had given birth to twins, and that one had been stolen.

Infantile mortality.—1200 women have given birth to 3802 living children, of whom 2742 survive, consequently 1060 were lost.

Lactation.—Through inclination, poverty, and the too often delusive hope of averting unwelcome pregnancy, women strain every effort to prolong lactation, to such an extent that permanent ill-health results, and their children, prone to croup, whooping-cough, and convulsions, fall easy victims to malignant fevers. 1200 inquiries: average period twelve months. 14 women too weak; 5 had undeveloped nipples—one of these latter, out of 16 children, reared 3; one woman nursed three years and four months; 2, three years; 9, two years and a half; 108, two years; one woman nursed her first child all through her second pregnancy and three months after delivery. Infantile convulsions are constantly encouraged through the quantity of tea drunk by nursing mothers, as well as by the frequent custom of only weaning one child when quickening with another.

Severe attacks of illness.—As so many serious ailments are undergone in unconscious infancy, it is impossible to form any accurate conclusions; still, out of 650 inquiries, 164 women state, from their own knowledge, that they have had scarlet fever, and in 8 instances a second attack. It is very easy to explain why women during pregnancy should enjoy immunity, yet during lactation be all the more liable; but why young infants at the breast should so constantly escape for the time being is a great mystery. 100 women had variola; the unvaccinated all terribly marked. 50 women had rheumatic fever (in a few instances twice), and the larger proportion now suffer from palpitation and permanent cardiac complications; 50 had typhus, mostly on home stations; 5 had yellow fever, at Jamaica, Barbadoes, or Bermuda; 8 had cholera in India or Malta; 10 had rock fever at Gibraltar; 40 suffered from fevers of various types, including typhoid, simple, remittent, &c., on home stations, and at Aden, Australia, Canada, the Cape, Ceylon, India, Malta, and Mauritius; 50 suffered from intermittent fever, on home stations, especially Sheerness, also in Canada, Corfu, and especially India, where the quotidian variety was most common. Five women were epileptic; many had bronchitis; a few hepatitis and dysentery. No instance of gout came under observation; and only 3 instances of constitutional syphilis.

During ten years, about 5000 cases of venereal have been treated at the Herbert Hospital. What will become of the children of these men? And yet a number of old women, of both sexes, are striving to the utmost for the repeal of the Contagious Diseases Acts.

Soldiers' children will be medically considered another time; in the present paper the first period of dentition and associated symptoms are briefly recorded.

Period of dentition.—1100 inquiries: in 71 families, instances occurred where dentition commenced at three months, in 134 at four months, in 65 at twelve months, in 15 at thirteen months, in 11 at fourteen months, in 5 at sixteen months, in 2 at seventeen months, in 7 at eighteen months, in 2 at two years, and in 1 at two years and a half; the average initial period being six months.

Associated symptoms of dentition.—In 305 families, instances occurred of diarrhœa, 204 of convulsions, 45 of eczema, 44 of bronchitis, 33 of otorrhœa, 13 of ophthalmia, 4 of ulcers of the legs, 4 of abscesses in the neck, 3 of boils, and 1 of abscess of the left arm.

Scarlet fever.—Last year 64 soldiers' children were treated in the special pavilion in the Herbert Hospital; of these, 13 died. Amongst the districts' civil population, 210 deaths were registered. The epidemic was most severe in the month

of October. Curiously enough, at the Garrison Female Hospital, Woolwich, during a period of eight years, only one trifling case of scarlatina broke out; the immunity, so far, was apparently influenced by the low temperature of the wards.

Royal Artillery Barracks, Woolwich, April, 1871.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

CASES UNDER THE CARE OF DR. JOHN W. OGLE.

Hysterical Aphonia and Dysphagia; treatment by valerian, shower-baths, &c. — The patient, a woman aged twenty-two, mother of several children, came into hospital only able to speak in a whisper, and complaining of pain at the right side of the neck. It was found that a small tumour, apparently connected with the thyroid gland, existed there, painful on pressure, and having the character o a cyst. She said this had burst at a former period. No disease of the lungs or other organs could be detected, and it appeared that she had had "fits" for some time, in one of which she had been insensible for some hours. The pupils were equal. The probang detected no mechanical obstruction in the œsophagus, nor the laryngoscope any disease of the larynx, but the vocal cords were rather congested. Under generous diet, valerian and steel, and shower-baths, the voice returned completely; it again left her and again returned. It appears that she had on two previous occasions lost and regained her voice suddenly. Latterly she has been rather troubled with vomiting. The history of the case, the absence of any ascertainable cause of pressure on or affection of the œsophagus and larynx (the presence of the thyroid swelling made this at first doubtful), and the results of treatment, led Dr. Ogle to look on the case as hysterical. She left the hospital recovered.

Two Fatal Cases of Disease of the Heart.—One case, that of a man aged sixty-four, came into the hospital with albuminuria, bronchitis and emphysema, faintness, and extreme anasarca of both legs and scrotum. The heart's action could scarcely be felt, or it sounds heard; no cardiac bruit was audible. The pulse was most irregular, intermitting, and hardly discernible. Paroxysms of dyspnœa came on, and he at first derived much ease from cupping between the shoulders to several ounces, and from taking an occasional morphia and ether draught. Digitalis, with stimulants and diuretics, were freely given. For some days he obtained much relief, but the painful paroxysmal attacks, quite of the nature of angina pectoris, returned. This was relieved by inhalation of nitrite of amyl. Occasional hæmoptysis came on before death, which occurred in an attack of dyspnœa. After death the heart was found to be exceedingly large; all its orifices, and its cavities, which contained dark blood-clots, were dilated, especially on the right side. The *coronary arteries* were dilated, but not otherwise unnatural. Patches of pulmonary hæmorrhage were found. The kidneys were granular and cystic; the liver cirrhosed.

The other case was that of a young woman who had had rheumatic fever, and had had ascites for ten months. She had become worse since her marriage, which had taken place seven weeks previously. There was a double aortic murmur, and at the apex both a systolic and a presystolic murmur were audible. The ascites was so distressing that the patient was tapped twice at her own request. Before tapping she had not passed water *for several days*, but she passed a great quantity *immediately afterwards*. After death much disease of the aortic and mitral valves, old thickening of capsules of abdominal organs, and recent peritonitis, were found.

Enteric Fever treated by cod-liver and olive oils, and milk diet and tea.—Of this disease two cases were under treatment. One was a man, aged thirty-one, brought in with a dull, stupid aspect, wandering much in mind, and covered with the usual eruption. There was dulness on percussing the thorax behind, and both lungs presented abundant small crepitation. The urine contained a slight amount of albumen. Diarrhœa required opium injections at times. The case went on well, but the temperature rose one night considerably, which seemed to be explained by the formation of a large abscess at the root of one tooth. The cod oil was given three times a day, in two-drachm doses. No wine. Progress, as regards the fever, continuous. Pleurisy came on, and a low pneumonic state long remained; but the man is going on well.

The other case, also a man, was treated in the same manner, the olive oil being substituted for the cod oil. As the digestion seemed to suffer, the oil was after many days omitted. The patient became convalescent, and was sitting up, when shortly afterwards a relapse of the fever occurred. He went on well, taking simple citrate of potash draughts, and wine, which appeared to be required, and has now left the hospital.

Several cases of Rheumatic Fever.—In one week Dr. Ogle admitted recently no less than ten or eleven cases of rheumatism, mostly acute, and many of them very aggravated cases. Several of them were treated with occasional draughts of citrate of potash, others with cinnamon water only, and only one with citrate of potash having excess of alkali—i. e., twenty grains of bicarbonate of potash in each dose. In most of these cases opium or chloral was used from time to time to relieve pain, and blankets were worn next to the skin. In one or two, transient traces of albumen were detected in the urine; in one the amount of albumen was considerable, and this patient was very delirious, and somewhat violent, especially during the night. The temperature was never higher than 101·1°; slight roughness of the first sound of the heart was heard *at times only*, but no pericarditis or positive indication of valvular or endocardial mischief could be detected. The patient at one time had such severe pain in one hip that disease of the joint was suspected. With simple salines, laudanum and linseed poultices, and occasional doses of chloral, milk and beef-tea diet, the patient went on well, and is now taking iodide of potassium and chinchona bark. There is now no albumen in the urine. Dr. Ogle attributed the delirium or cerebral excitement to congestion of the kidney, though at first the case looked as if it were one of what has been termed cerebral rheumatism.

In one case, that of a delicate young man, which at first appeared subacute, and was for two days treated by guaiacum, pericarditis suddenly came on. Hot spongio-piline, and subsequently leeches, were applied to the cardiac region with much relief, and simple salines were given. After a time the friction sounds subsided, and the heart became in all respects natural. The patient has now left the hospital.

We saw cases of chronic rheumatic joints treated by friction with a liniment made of *seaweed*, and imported from the Channel Islands, which appeared to be very efficacious.

Two Cases of Jaundice.—In one case, a policeman, aged twenty, there was no apparent disease of the liver, save dull pain only in the hepatic region being complained of. The urine was loaded with bile and lithates, and the evacuations were clay-coloured. Under the use of farinaceous and fish and milk diet, taraxacum, and diuretics, all symptoms improved, and he left the hospital only slightly discoloured as to skin. In the other case, a man aged fifty-six, there was very considerable enlargement of the liver, and great pain in the epigastrium and hepatic region and back. There was occasional hæmoptysis, and the urine contained albumen. This appeared to be a case of carcinoma of liver; but the patient soon left the hospital at his own request.

We also noticed the case of a young woman, aged twenty-three, whose *right pleural cavity* was almost full of *fluid*, and this with so little inconvenience that she would hardly allow she was ill. Œgophony was well marked. There was a phthisical family history, and also physical signs leading to a suspicion that the patient was the subject of pulmonary tubercle.

Also the case of a man who had only been a painter for

five months, having previously been a cook on a foreign steamboat, who was admitted with unusually severe *paralysis of the extensors of the hands and fingers*, and also of the muscles of the arms and shoulders. He had a well-marked blue gum-line, excepting where the teeth were wanting, and had been for five months subject to colic. He was the subject of delirium for some days, and had to be strapped in bed. This was relieved by the exhibition of wine. He is regaining power in the limbs under the use of iodide of potassium, and faradisation of the affected muscles.

Dr. Ogle also drew our attention to a case of Mr. Hewett's, which he is closely observing as regards temperature, &c. The case is one of injury of the cervical part of the spinal cord. There has been complete paralysis of all the limbs; but now the left arm and leg have partially regained power. There is a remarkable amount of sweating of the face and neck, and this is to a great degree, though not absolutely, *confined to one* side (the left); also slight interference with the muscles of the face, and with one pupil.

ST. MARY'S HOSPITAL.

SCROFULOUS DISEASE OF THE TESTES; CASTRATION.

(Under the care of Mr. HAYNES WALTON.)

A CARMAN, aged twenty-one, who was admitted on the 3rd of October last, stated that, three weeks previously, he had fallen forwards in his cart, and struck his testes against some projecting object. The right testicle then became painful and swollen, and in a fortnight, the scrotum giving way, a large quantity of pus escaped. Intense suffering induced him to apply to the hospital.

On admission there was found a protruding fungus, which evidently involved the whole of one side of the body of the testicle, and the parts were bathed in putrid pus. The patient was not in bad health, although he was rather weak. Local treatment improved the fetid state of the wound, but it was evident that the gland was hopelessly diseased. Accordingly, on the 12th of October, Mr. Walton removed it.

On section it was found that a large part had been destroyed, and in the centre of the remaining portion, which was more or less infiltrated, was imbedded a tuberculous mass already in process of softening, and surrounded by a thin layer of suppuration. Before the patient was removed from the theatre, Mr. Walton drew attention to the unhealthy state of the other testis. It was enlarged, hard, and adherent at the bottom to the scrotum. The wound healed well, and the patient left the hospital within a fortnight.

He was readmitted on the 8th of December, with the left testicle far advanced in disease. There was a large opening on the left side of the scrotum, through which protruded a fungoid mass precisely similar in appearance to that which had occurred in the other organ, and involving the whole length of the surface of the testis on one side. A considerable portion of the scrotum had been destroyed by ulceration as in the first instance. The discharge was copious and fetid. The course of the disease this time was very rapid, and there was more pain. The patient was suffering in health, and as his case did not admit of any curative treatment, Mr. Walton removed the diseased mass on the 14th of December. More tuberculous matter was found deposited in this testicle than in the right one, the epididymis even being invaded by it. The wound suppurated freely, and did not progress very favourably, and the patient exhibited constitutional symptoms, with fever. However, he left the hospital on the 18th of January.

Speaking of this case, Mr. Walton pointed out that the necessity for complete castration is a very rare occurrence in modern surgery, though in the present instance it was undoubtedly the only means of saving the man's life. He alluded to the successful treatment for partial scrofulous fungus of the testicle introduced by the late Professor Syme, whereby he dissected up the scrotum, and drew it over the small fungus, and showed that, in the case of his patient, such scientific surgery had been inapplicable, because the fungus involved the greater part of the surface of the testicle, and the scrotum on each side had been almost entirely removed by ulceration. To have shaved off the fungus, he said, would have been useless as regarded saving the function of the organ, for whatever might have remained of the testis tissue would have been destroyed by suppuration, which in itself would have exercised a very exhausting influence on the patient. He also referred to the well-recognised fact that this scrofulous disease usually occurs in young men who do not seem to be otherwise unhealthy, and that it is nearly always attributed to a blow. Without giving any decided opinion on the usual cause of the disease, Mr. Walton felt quite sure that in this instance the blow was not the remote or ultimate origin, although it might have been the exciting cause, for the man had stated that six months before the fall he had lost his sexual power, which had been previously very vigorous, and had since been unable to cohabit, clearly indicating that there had been antecedent testicle degeneration. It appeared to him too that the symmetrical development of the disease, and the complete likeness of progress on both sides, pointed to a constitutional origin.

CHARING-CROSS HOSPITAL.

A CASE OF PSORIASIS OF TWENTY YEARS' STANDING TREATED WITH IODIDE OF POTASSIUM; RECOVERY.

(Under the care of Dr. POLLOCK.)

THE following is a noteworthy instance of recovery, during a course of large and increasing doses of iodide of potassium, from psoriasis of long standing. It also suggests the interesting question whether an extensive cutaneous affection due to, or modified by, syphilitic contagion, would run so long a course without the development of other symptoms characteristic of the syphilitic cachexia. In favour of the hypothesis of a specific origin are: the colour of the eruption, which Dr. Pollock found to be a highly characteristic copper hue, and the striking result achieved by large doses of iodide of potassium. The duration of the eruption, its disposition over the body, and the apparently sincere assurance of the patient that she could not by any possibility have contracted syphilis, may be quoted against it. While admitting that the denials of patients with regard to the contraction of syphilis should be received with great caution, Dr. Pollock was inclined to believe that, in the present instance, the contagion might have been received from what is, in his opinion, a not unfrequent source—namely, some unclean place of accommodation.

M. H——, aged forty-three, was admitted suffering from psoriasis, which had existed, she affirmed, for the last twenty years. The eruption was scattered all over her, in the form known as psoriasis guttata, and was especially thick on the scalp. The dorsal surface of each foot was thickly covered, the spots having there coalesced into one mass of scaly scab. This had also occurred over the lower half of the abdomen. The skin was cracked and fissured in places, especially on the calf of one leg and on the knuckles of both hands. The eruption was dry and scaly, and of a very strongly marked coppery hue.

The patient was a single woman, who had never borne children, and strongly denied ever having run the risk of contracting syphilis. There was no history of psoriasis in other members of her family. Her general health was pretty good, but menstruation had not been regular, and she suffered from slight leucorrhœa. She was a sallow-looking woman, with thin, wiry hair, and slightly deaf; the left tonsil was much enlarged, and she complained of a dryness and soreness all over her mouth, the mucous membrane of which had a perfectly natural appearance. No history could be elicited of primary syphilitic mischief, nor of any sore-throat or affection of the bones. Three years ago, after a voyage to America, she had lost her voice, once for thirteen days. She thought she had caught cold on board ship. Since the rash first made its appearance twenty years ago, it had sometimes been better, sometimes worse, but had never been so bad as then. It never itched, and had been painful for the last five months only. The pain was severe, and of a burning character; the skin was very tender and sore to the touch, and she has not been able to wear boots since November last. Her pulse was 92, temperature 99° F. The bowels were regular, and the tongue clean.

About fourteen years ago she had been under homœopathic treatment for some time, without any particular result. After that she went to the Skin Hospital at Blackfriars, and remained a patient there from July to December, 1859, during which time she became a little better. While in America three years ago she suffered from an attack of rheumatism, for which she underwent treatment. She had been to the Skin Hospital again lately, but became so much worse that at last she applied at Charing-cross Hospital.

In spite of the absence of any evidence of syphilitic contamination, the patient was put upon ten grains of iodide of potassium, three times a day, with carbonate of ammonia and decoction of bark, and a lotion consisting of equal parts of glycerine and water was kept constantly applied to the parts most affected, and occasionally used all over the body.

Third day.—Patient feels better. Dose of iodide of potassium increased to fifteen grains.

Seventh day.—Menstruation commenced yesterday. She is not feeling very well. The tongue is clean; pulse 104; temperature 99°. The rash looks paler, and her fingers, which were very sore and cracked, are now quite well; but she complains that her feet burned a good deal last night.

Fourteenth day.—The same treatment has been carried on, and the patient is gradually improving. Has not felt so well for a long time.

Sixteenth day.—She is still improving, but complains of the burning pain in the feet. The iodide increased to twenty grains three times a day, and ten grains of bicarbonate of potash added to each dose of the mixture.

Twenty-second day.—Patient says she is very much better. Iodide increased to thirty grains.

Twenty-fourth day.—She is not quite so well. A crop of small pustules has come out on the chest and neck. To continue with the medicine.

Twenty-seventh day.—The patient is much better again; she "hardly knows herself." Tongue clean, bowels regular. Rash much faded. Abdomen and feet free from scabs. Repeat medicines.

Fortieth day.—The rash has almost disappeared. The patient feels quite well. To leave off all medicine.

Fiftieth day.—There remains now no rash at all. She left the hospital on the fifty-fifth day, promising to apply again if there occurred any return of the eruption.

The patient has presented herself since leaving the hospital, and been found quite free from eruption.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, APRIL 17TH, 1871.

DR. ANDREW CLARK, PRESIDENT, IN THE CHAIR.

Mr. THOMAS BOND showed an interesting specimen of Urinary Calculus that occurred in the practice of his uncle, Dr. Hearne of Southampton, who, although unconnected with any hospital, has operated with much success, having had only one death in thirteen cases. The stone in question, a large oxalate-of-lime calculus, was removed from a man aged forty. The usual lateral operation was performed. The incision into the prostate was small (only the width of a medium-sized knife), the opening being gradually dilated with the finger till the scoop (which is peculiar in being bent backwards) could be introduced by its side; the stone was easily caught between the scoop and the finger and extracted. The interesting points connected with the case are—first, the size of the stone, 3½ oz.; second, the fact that the man was able to do his work up to a few weeks previous to the operation with such a stone in his bladder for years; third, in its being a large oxalic-acid calculus, covered with lithic acid in a urate; fourth, the form of the scoop used.

The PRESIDENT remarked that the late John Crighton of Dundee had performed in his time more operations for stone than any other man, and had great success. His patients were seldom confined to bed. The scoop was used by him, and he also had a very long finger. Oxalates and urates often occurred together in the urine. The stone in the case before the Society was formed of oxalate of lime and soda.

Dr. THOROWGOOD then related some cases of Hæmitic Effusion, with Fetid Expectoration. The first case was that of a woman aged forty, who had been ill five weeks, and when seen at the end of that time there was dulness at the lower part of the right chest, ægophonic twang in the voice, and very distinct friction sound. The pulse was 80, and there was considerable debility. During the last week the cough had increased, and the expectoration had a rusty appearance and was very offensive. Bark and sulphuric acid were administered, and the case was considered to be one of subpleural abscess; which, by extending, might cause pneumothorax and hæmoptysis, or both. The patient was seen again ten days later with her regular attendant, the late Dr. Cregson, of Rotherhithe, and it was then found that three days before she had been in a state of complete collapse and prostration, during which time a most copious expectoration of pus had taken place; from this date gradual recovery set in, and when examined twelve months afterwards, some amount of dulness at the right base and bronchial respiration were the only morbid sounds noted.—The second case was that of a man who was in the Victoria Park Hospital, and who, with great debility and wasting, had most offensive expectoration, dulness of the left side, and cavernous breathing at some points; the heart was not displaced. The case was thought to be one of cavities of the left lung full of offensive pus, but a post-mortem examination showed the left pleura to be full of most fetid matter, while extensive adhesion fixed the heart in its normal position, and so, by preventing its displacement, rendered the diagnosis obscure.—The third case was that of a man employed in business, who consulted the author in consequence of a cough, attended with a pinkish expectoration so exceedingly offensive as to render the room in which he was quite unbearable. He said he had been getting corpulent of late; his pulse was 104; breath short; tongue foul. Examination of the thorax disclosed some dulness at the right base, extending almost up to the level of the nipple. Nothing remarkable was noticed in the shape of the two sides. The breathing in the left side was loud and mixed with a few crepitations, while at the base crepitation was very marked. A few days later this man had two or three attacks of free hæmoptysis. Under the influence of the inhalation of carbolic acid vapour the fetor of the expectoration totally disappeared; and by taking opium at night, and creasote mixture in the daytime, the man mended so much as to pass from observation, the breathing at the right base having much improved: this was about the close of August. In October he had a return of the hæmoptysis, and shortly after the author was called in to see him at home (Jan. 22nd, 1871) together with his regular attendant. He was in bed, lying on his back, and said that on the Thursday previous, as he was walking, he felt intense sudden pain in the side. Examination showed great dulness at the right base, and a tinkling drop was heard after he had moved from his side over to his back. A few days later he died. On opening the thorax fetid gas escaped, and from the right thorax the author removed a chamber-vessel quite full of dark-coloured matter of intense fetor; the right lung was found pressed back against the spine as a thin leathery skin, perfectly airless, and a sac containing pus appeared to have existed at about its lower base; the other lung was purple and congested. Dr. Thorowgood drew attention to the presence of a very fetid expectoration in these cases as a symptom of great prominence, and to the importance of recognising their real nature. He alluded to the frequency of cases in which pleuritic effusion was overlooked, and instanced a case where the presence of incessant vomiting, followed by convulsion, drew the attention of some most competent observers entirely to the *brain*, while the post-mortem examination showed subsequently that this organ was quite healthy, and that the case was a well-marked one of real diaphragmatic pleurisy of the left side, with effusion and copious deposit of lymph over the pleural surface of the diaphragm.

In the discussion that followed, Dr. Day, Dr. Simms, Dr. Douglas Powell, Dr. Wiltshire, Mr. De Méric, and Mr. Brudenell Carter took part; while the President, in thanking Dr. Thorowgood for his interesting cases, said that he did not see any difficulty in diagnosing pleuritic effusion in

the adult, if due regard was taken as to the displacement of organs and the usual signs of pleurisy; the dulness was of consequence, and especially the fact that it was movable, depending upon the position of the patient.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, APRIL 4TH, 1871.

MR. J. HILTON, F.R.S., PRESIDENT, IN THE CHAIR.

A REPORT was read by Mr. Hulke from the Committee on Mr. Wagstaffe's specimen of Fibrous Tumour of the Heart, and it agreed with that given by the exhibitor of the preparation.

Mr. BALMANNO SQUIRE brought to the Society a living specimen of Elephantiasis Græcorum in a native of Pondicherry, aged twenty-four, who had a very aged appearance. The disease was of seven years' duration, and the man had suffered from fever on several occasions. There was no evidence that it was produced by any hereditary influence. It arose, no doubt, from climatic causes.

Dr. TILBURY FOX observed that it was strange that there was no anæsthesia, considering the disease had existed for seven years. A clear distinction must be drawn between the production and the propagation of leprosy. As far as his observations went in the Holy Land, it was there frequently propagated by intermarriage. He had seen very satisfactory results from the use of very large doses of quinine continuously given.

Mr. FREDERICK CHURCHILL showed two specimens of the nature of Mole Transformations, both limited to the cutis, and not connected with similar growths on other parts of the body. The first specimen was from the lumbar region of a woman aged forty-five. The growth dated from childhood, but did not change till after an injury in July last, when it rapidly increased. It was removed in February, and it has not returned. The second specimen was removed by Mr. Sidney Jones from the lumbar region of a young woman aged seventeen. It had existed from birth. The area of the growth was six inches by two and a half. She had not noticed anything unusual about it until three weeks before her admission, when a thick dark-brown crust peeled off, and exposed a wart-like papillated growth below.

Mr. FRANCIS MASON referred to the instance of a like condition which he had brought before the Society on a recent occasion.

Mr. CHURCHILL pointed out that whereas in Mr. Mason's case the growth originated in a wart, in his own case it was connected with a mole.

Dr. WHIPHAM exhibited a Tumour removed from the liver, which appeared under microscopical examination to be composed of elements similar to those seen in epithelial cancer. It was a primary growth apparently. The ovaries were diseased, but there was no cancerous structure to be detected in them.

Mr. ARNOTT doubted the disease being epithelioma, and it was referred to the Committee on Morbid Growths.

Mr. HULKE brought forward a large Medullary Tumour of the Belly, with a similar Tumour of the Orbit of doubtful duration, taken from the body of a child two and a half years of age. The child suddenly died. There was found after death also a white mass in the lung, which could be enucleated, and the mediastinal and abdominal glands were enlarged. There were numerous extravasations of blood into the tumours, and into various parts of the body. The tumours were histologically seen to be composed chiefly of cells like white blood-corpuscles. Perhaps it was a glioma, arising from the semilunar ganglion.

Dr. HARE remarked that cancer in children was often of many years' duration.

Mr. HULKE, in answer to Mr. John Croft, said that there were present the slight elevations of the temperature of pyæmia; and replied to Mr. Fairlie Clarke that the cause of death was probably due to hæmorrhage into the cavities. Referred to the Committee.

Mr. FREDERICK CHURCHILL showed a specimen illustrating the effects of the ether spray on the skin in Addison's disease in connexion with the question of the nature of bronzed skin, which had been raised at a previous meeting. Pathologists, averring that the sympathetic nervous system exercises control not only over the bloodvessels, but the functions of the supra-renal capsules, and that the latter in their medullary part are concerned with nervous phenomena, whilst their cortical part has to do with the elaboration of blood plasma, have ascribed disease of the capsules with bronzing of the skin as due to a disorder of the sympathetic system. If, argued Mr. Churchill, the function of the cortical portion of the gland be as affirmed, it is reasonable to suppose that the excessive activity of these blood-glands would tend to the deposition of pigment when the capillary circulation was embarrassed by imperfect or irregular action of the vaso-motor nerves. The object of Mr. Churchill's experiment was to ascertain how far the variation in tint, observed in the present case of Addison's disease, was due to partial stasis of blood in the venous capillaries. He selected a deeply-tinted part of the skin and played a jet of ether upon it; it was at once blanched, the partially detached scales being raised as flocculi. With the return of the circulation in the part, the bronzed condition also reappeared. A similar result could, however, not be obtained elsewhere. The skin of a negro was not blanched, only paled. The patient, after an absence of two months, returned to the hospital in a dying state. The part of the skin which had been frozen had desquamated, including the pigmentary layer, exposing a patch of blanched skin, which appeared to retain all the normal elements save the pigment.

In answer to Dr. Greenhow, Mr. CHURCHILL said there had been no actual loss of substance; and no cicatrix had formed.

Dr. MURCHISON suggested that the cold might have paralysed the nerves of the part, and so prevented the deposit of pigment.

Dr. MURCHISON brought forward a specimen of Typhoid Ulceration of the Intestine from the body of a man who had died suddenly from fatal hæmorrhage into the intestine on the twenty-seventh day of the disease, and in whom there had been constipation. He brought forward the case—not a very unusual one—to disprove the common notion that continued fever with constipation is typhus, and with diarrhœa, typhoid fever. The case presented numerous other interesting clinical features.

Dr. DOUGLAS POWELL observed that the remarks of Dr. Murchison applied in many cases to ulceration of the intestines in phthisis, even when the ulcers are old.

Dr. MURCHISON also exhibited a specimen showing Perforation of the Appendix Vermiformis consequent on an accumulation of vegetable and fæcal matter, taken from the body of a girl who died six days after symptoms of acute peritonitis commenced. There was no injury or other causes to account for the symptoms. It had been shown by Dr. Crisp that this occurrence was much more common in males than in females.

Dr. CRISP said that he thought it to be due to the fact that boys use the right leg, as in football, more than girls.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 12TH, 1871.

DR. W. W. GULL, PRESIDENT, IN THE CHAIR.

Mr. WARRINGTON HAWARD exhibited a patient on whom M. Reverdin's operation of skin-grafting was first performed in England by Mr. Pollock at St. George's Hospital. The sore operated upon was caused by a severe burn, was originally about fourteen inches by five inches, and was situated on the right buttock and outer aspect of right thigh. The case has been under treatment for a very long time, but has made a good recovery, and the extension of the leg is almost perfect.

Mr. LAWSON remarked that if ulcers give way after the operation, the skin transplanted always keeps its ground.

Mr. COOPER FORSTER said that it was now his practice at Guy's Hospital to take the skin from a recently amputated limb.

Mr. THOMAS SMITH said that this plan was also frequently adopted at St. Bartholomew's.

Mr. CALLENDER believed that the tendency of growth of the transplanted pieces was centripetal rather than centrifugal, and that hence in extensive ulcerations the pieces should be placed round the circumference rather than towards the centre of the sore.

The PRESIDENT remarked that it might be worth while to pay some attention to the constitution of patients from whom the skin was taken.

Mr. COOPER FORSTER read notes of a case of Naso-pharyngeal Polypus. The subject was nineteen years of age, and had a large growth filling up the left nostril, firm, fleshy, and fibrous, and covered with mucous membrane. The right nostril was not much interfered with; there was no swelling of the face or fulness of the palate, nor any projection in the throat. Chloroform was given, and a wire snare put round the growth, which broke off, and bled profusely. Mr. Forster then made a further examination, and, having passed his finger up the nostril, found an enormous growth, which could not be circumscribed, but large portions of which he tore away with forceps. Four days after the operation, the patient suddenly became unconscious; the right half of his face was numb, and, though he rallied, he was never able to speak except to say "too-too." The temperature rose to 102° F. He had three convulsive fits on the seventh day, and became totally unconscious, and died twelve days after the operation. The post-mortem examination showed general arachnitis, and sloughing of the brain about Broca's convolution. That portion of the growth which had not been removed occupied the left side of the external base of the skull, and filled the space between the greater and lesser wings of the sphenoid, the orbital plate of the frontal, and the cribriform plate of the ethmoid. It had extended from the nasal fossa by way of the sphenoidal fissure into the back of the orbit, but without damaging the optic nerve. The cribriform plate of the ethmoid was broken, and at the back part there was a small opening about a quarter of an inch in diameter, and a fracture extending forwards from the opening. Microscopic examination showed the growth to consist of small fusiform cells and stellate connective tissue. Mr. Forster, in alluding to the advisability of bringing forward for discussion unsuccessful as well as successful cases, remarked that though it might possibly have been advisable not to have proceeded further in the operation when the true character of the growth was apparent, yet, under any circumstances, the life of the patient could not possibly have been much prolonged. He submitted to the Society four reasons as to the brain complication:—1. As to the idea offered that the forceps might have broken the bone of the skull in the act of operating, Mr. Forster said the instrument used was a pair of strong bone forceps, the length of which by measurement precluded any possibility of this accident. 2. The growth might have been adherent to the portion of bone broken and at the seat of the small opening, and this was the most probable explanation. 3. The growth might have already destroyed the bone and reached the membranes, so that the brain was exposed in the course of the operation. 4. The mischief might have extended by contiguity from the periosteum to the membranes. Mr. Forster also called attention to the inutility of treatment generally when the brain became involved.

With reference to the circumstance that the patient was treated with a scruple of calomel at some time after the operation, Dr. ANSTIE asked the President his opinion as to mercury in non-syphilitic diseases of the brain.

The PRESIDENT remarked that Mr. Forster's case was one of great medical as well as surgical interest, and that unless there was some faith in the so-called antiphlogistic action of mercury, he did not know why the drug should have been given in this case.

Mr. LAWSON had seen several fibroid growths from the base of the skull with which, when removed, portions of cerebral matter came away.

Mr. THOMAS SMITH thought that the safer procedure in a case such as that described was to slit up the nostril, and cut rather than tear away the growth.

Mr. SPENCER WATSON asked Mr. Forster if any rhinoscopic examination had been made, and thought that the post-mortem appearances should have indicated protrusion of the eyeball.

Mr. ARNOTT made brief remarks on the importance of correct diagnosis.

Dr. SILVER pointed out that Mr. Forster had in his paper drawn a conclusion directly the opposite of that warranted by the facts. It was stated that the patient had been completely aphasic, and after death that Broca's convolution had been found very greatly softened. But it was also stated that the day before he died the patient could speak so as to be generally intelligible. The correct conclusion would surely be, therefore, that integrity of Broca's convolution was *not* essential to speech, instead of being the site of that faculty.

Mr. FORSTER, in reply, said that the rhinoscope was not used, that he disagreed with Mr. Smith as to the use of the knife in such cases, that he used calomel as a convenient purgative, but was not responsible for the treatment latterly, and that diagnosis was the point of the question to which he wished to direct the attention of the Society.

Dr. BUZZARD read notes of a "Case of Cervico-brachial Neuralgia treated with the constant current." The patient, a woman aged sixty-five, had suffered for three months from paroxysms of agonising pain in the neck and right arm, which attacked her several times every hour, night and day, deprived her of rest, and rendered her arm useless. The neuralgia had followed seizures which sufficiently indicated its central origin, and this, coupled with the age of the patient, and the degeneration of her tissues, rendered its cure in the highest degree improbable. Applications of sedative character had been useless in relieving her suffering. A constant current derived from ten cells (increased afterwards to fifteen cells) of a Weiss's battery was applied from time to time between the cervical vertebræ and the hand, with the effect of producing remarkable relief to her pain, insomuch that at one time she thought herself cured. Under the influence of this treatment the patient was enabled to sew, and to cut her food with the right hand, which had previously been so helpless that she was forced to lift it with the other. With the view of testing the effects of the application, it had been intermitted on several occasions, and other remedies, as blisters, sedatives, and tonics had been employed, but these failed in preventing the paroxysms of pain. Summing up the results of treatment, Dr. Buzzard said that out of sixteen applications of the constant current, ten had been followed by very great and well-marked relief, two by moderate relief, and four by very slight relief. Dr. Buzzard brought the case forward not as one of cure of neuralgia, but as a good example of the effects of the constant current in relieving pain, and he drew attention to the process because he believed it was as yet very little employed for this purpose in this country, although, as was well known, its efficacy had been perfectly recognised and insisted upon abroad for many years past.

Dr. ANSTIE offered, as a pendant to Dr. Buzzard's case, two examples of the treatment of neuralgia with the constant current, one successful, the other unsuccessful. The first case was that of a married woman aged forty-eight, born of a neurotic family, and herself the subject of migraine in youth, in whom the change of life had passed over quietly some years before. She was attacked with severe and well-defined right neuralgia in the cervico-brachialis. Treatment with every kind of internal remedy and internal application was tried for two months, with none but the most trifling and temporary amelioration. She then tried country air, without medicine, for one month, but returned to town worse than ever. The constant current from ten (afterwards increased to fifteen) cells of Weiss's battery was applied daily for twenty-four days; the positive pole being applied, alternately, on the various foci of pain, the negative pole being applied by the right side of the three lower cervical vertebræ. The pain was at once diminished, and ceased altogether at the end of thirteen days; and a secondary anæsthesia of the skin, with secondary paralysis of the deltoid and trapezius, were removed at the end of the twenty-four days' treatment. The cure was found persistent six weeks later. The other case was that of a hard-worked and ill-fed unmarried needlewoman, aged thirty, who suffered from double cervico-occipital neuralgia. A variety of internal remedies, and also blistering, having failed to produce any benefit, the daily use of the constant current was tried for sixteen days. No good was effected by the treatment. Dr. Anstie remarked that the effect of the constant current in neuralgia was very remarkable, but that there were, as yet, some unexplained anomalies in its action. In the large majority of cases it acted as a palliative most strikingly. In a not inconsiderable number of cases it appeared to cure the disease absolutely. But in a few examples, like the second case he had read, without

any discoverable reason it failed to produce any good results. As a general rule it was far less effective in the neuralgias of old persons, with degenerated tissues, than in younger subjects. But occasionally even a young subject, like his second patient, quite failed to derive benefit from it.

Dr. DUFFIN endorsed the remarks of the last speaker as to the benefit to be derived by treatment with the constant current; and spoke of a case of trifacial tic of two years' standing, which was treated with the current of a battery of six and afterwards of ten cells. Sixteen or eighteen applications were made; the patient was then free from pain, and remained so for three months, when a relapse occurred; but the current was reapplied, and again gave relief. The patient, however, was now suffering from partial paralysis, and had other symptoms of organic disease.

Dr. ALTHAUS said that there was nothing novel in the plan of treatment; that sometimes the central, sometimes the peripheral, application is the better; that all good derived is due to the positive pole; that sometimes the negative pole does harm, and should in all cases be as far removed from the seat of mischief as possible, and that the use of the galvano-puncture was often proper in such cases.

The PRESIDENT said that there appeared to be a want of precision in the discussion of these cases, that of the three cases quoted one was relieved by treatment and two were not, that many years ago metallic tractors were said to have done good, that according to his own belief the constant current did good only when it did no harm, and that the influence of electricity on pain should be very exactly and carefully studied.

Dr. GREENHOW and Mr. KESTEVEN suggested the appointment of a committee to report upon the subject.

Dr. ANSTIE said, in reply, that he would gladly second the proposition for a committee, on the express understanding, however, that it must contain a certain number of persons who did not as yet believe in the efficacy of electrical treatment. It was obvious that this would be quite necessary, after the disparaging remarks which the President had made. Those remarks had filled him with astonishment, and he must (with all deference to Dr. Gull's high authority on the subject of nervous disease) protest in the strongest manner against the attempt to treat the constant current as if it were a remedy of the same empirical and doubtful character as Perkins's metallic tractors. After all that had been done during recent years in Germany, it was really surprising to hear the unanimous scientific voice of that country on this subject set aside in such a summary manner, on the basis of researches which were made twenty years ago.

THE ARMY MEDICAL DEPARTMENT REPORT FOR THE YEAR 1869.

THE Report of the Army Medical Department for 1869 strikes us as, upon the whole, one of the best, if not the best, that has yet been issued, its immediate predecessor having been probably one of the worst. The volume is a large one, and the contents are very varied. Some of the papers in it are both able and valuable—able in the way in which the subjects have been thought out and handled, and valuable in that they embody information and data that may be hereafter referred to with advantage by medical men, officers of health, and sanitarians within and without the army medical service. Altogether the Report is a most creditable one. Among the best papers we may mention Professor Parkes's useful summary on Hygiene for 1870; Notes on Hospital Construction and Ventilation, by Deputy Inspector-General Massy, C.B., Head of the Sanitary branch; the remarks by the Director-General, and Inspectors-General Muir and Beatson on Regimental Arrangements in India; on the Dress of the Soldier in India, by Bt. Colonel Hon. E. C. Massy, 95th Regiment, and Assistant-Surgeon Corban, 21st Hussars; the essay on the Causes of Heart Disease in the Army, by the last-named officer; a short note on the Operation of the Contagious Diseases Act of 1866, by Dr. Balfour, F.R.S.; papers on Ophthalmia, by Surgeon-Major Leith Adams, and Assistant-Surgeon Welch, 22nd Regiment; a surgical case, by Professor Longmore; and a paper on the Pathology and Treatment of Delhi Ulcers, by Staff Assistant-Surgeon Fleming. We have not, of course, enumerated all the contributions worthy of perusal; we have only mentioned some that strike us as among the best. The more elaborate and ambitious articles, illustrated with maps and coloured diagrams, are not by any means more meritorious than the others—rather the reverse; and it would be well if those who contribute to these blue-books would remember that *quality*, and clearness of arrangement and style, and not *quantity*, make a good article.

Dr. Massy's notes form a sound, practical basis for considering the subject of hospitals and hospitalism, on which so much discussion has been raised of late, from another standpoint than the conclusions derived from statistical data, which conflicting statements and disturbing causes of various kinds tend in no slight degree to invalidate. As we propose, however, to make this excellent paper the subject of separate notice hereafter in connexion with the controversy that has been carried on in our columns, we make no further allusion to it now, beyond saying that it contains much that will be new and practically useful to persons outside the army.

Before entering upon a more detailed examination of the volume, we will venture to indicate some of its defects. Sir Galbraith Logan presides over a large body of men scattered over different parts of the world—men of various ages, ability, and education; and yet their strictly professional contributions, embodying their medical and surgical observations and experience, are not by any means in the number or of the character desiderated by us and probably by himself. Hundreds of medical officers have passed through Netley; they have been *practically* taught how to observe and record symptoms and morbid appearances, and how to use the microscope and the test tube; and they have the opportunity of investigating the causes and phenomena of disease, under circumstances that do not obtain in civil life, and of beholding, in fatal cases, the structural alterations that have been produced; but the records of their clinical and hospital work form an insignificant part of the yearly volume. We need go no further than Netley to discover the stores of material ready to hand for a valuable hospital record. There is a constant flow of invalids through that institution, and there surely must be some record of observations worthy of publication. Again, it would be well that something should be done by the professors and assistant-professors towards presenting a good useful *résumé* of the most important foreign medical and surgical literature for the year, accompanied by some expression of opinion as to the value or correctness of different pathological doctrines or principles of treatment inculcated by authorities abroad. A medical and surgical report might follow the report on hygiene, and be constructed on the same principle. It ought not to be very difficult to range under the titles of cranium, thorax, abdomen, upper and lower extremities, &c., a very brief epitome of what had been advanced, with a running commentary on the points that were really valuable, questionable, or requiring further observations. In this way, the authorities at Netley could "report progress" in their several spheres with immense practical advantage to the department and to medical science. What are the latest views regarding excision of joints, wounds of the thorax, the treatment of fractured femurs, and so on? Officers on foreign, or indeed home service, would be glad to be furnished with gleanings of a practical kind, such as might aid them, for instance, in the diagnosis and treatment of syphilitic diseases of the nervous system, with a short account of the present epidemic of small-pox, the prevalence of the hæmorrhagic form of that disorder, and its possible relation to some of the cases classified as purpuric fever. Judging from what is occasionally published, some medical men do not appreciate sufficiently the wide range of variation in point of severity and duration witnessed in cases of typhoid fever, for they often appear to ignore or mistake the nature of those forms exhibiting relatively slight symptoms of a constitutional and specific character. We think, also, that a hint might be taken from the American Service, and that by a judicious selection and publication of the sanitary and topographical reports of different stations, the materials might be laid for compiling a future history of all our military stations, like the No. 4 Circular re-

cently published by the United States Service. We sincerely trust that members of the department may never forget that they are doctors, first of all, and that they have to diagnose and treat disease. Preventive medicine, or sanitary science, meteorology, the keeping of official forms and records, are all very good in their way; but a medical officer ought to be something more than a sanitary engineer, and his duties considerably above those of a quartermaster. When a man is sick or wounded he wants a medical officer to cure him; and to the individual patient, a judicious and skilful treatment will seem of far more importance than correct knowledge about the proper sectional area of drains, or the amount of humidity or ozone in the air. We have on previous occasions urged the desirability of instituting some method for rewarding medical officers who display superior professional attainments.

The volume leads off with a short description from Dr. Balfour of the new nomenclature and classification of diseases introduced by the Committee of the Royal College of Physicians in 1868, at the suggestion of the Army Medical Department, with directions for the classification of enthetic diseases, by which, in all army returns, syphilis maintains a separate and distinct position from the local venereal ulcer and gonorrhœa.

The weekly returns of sick for the United Kingdom furnished to the Army Medical Department during the year 1869 show the average strength of the troops to have been 73,764, the admissions into hospital 58,797, the deaths 694, and the average number constantly sick 3011. The following table shows these results, contrasted with the average of the preceding nine years:—

	Ratio per 1000 of Mean Strength.		
	Admitted into Hospital.	Died.	Constantly Sick.
1869 ...	797 ...	9·41 ...	40·82
1860-68 ...	956 ...	9·52 ...	48·54

These ratios show a marked reduction in the admissions into hospital, and in the proportion constantly non-effective from sickness, but a very trifling difference in the mortality compared with the average in the nine preceding years.

The admissions into hospital were 159 per 1000 of the strength under the average of the preceding nine years; there was also a slight decrease in the deaths. General diseases gave rise to upwards of one-fourth of all the admissions, and to nearly one-third of the deaths. Syphilis and rheumatism were the most prevalent of this class, the admissions by the former having amounted to 111, and by the latter to 46, per 1000 of mean strength. The most fatal diseases of this class were those grouped under phthisis and scrofula, the ratio of deaths by them having amounted to 2·81 per 1000.

At page 200 of the Army Medical Report there is a summary showing the amount of sickness, mortality, and invaliding, and the average number of men constantly non-effective from sickness, in the army at home and abroad, during the year 1869. The total mean strength of white troops was 164,681, with an annual ratio per 1000 strength of 1067 admissions, 19·01 deaths, 25·98 discharged the service as invalids, and 46·50 constantly non-effective from sickness. The death-rate of the Bermudas was in the ratio of 19·13 per 1000, and of 37·15 for India, as compared with 9·41 for the United Kingdom, and 6·20 for Australasia. Compared with 1868 there has been an increase in the mortality of the white troops to the extent of 4·21 per 1000 of the strength. The great increase in the death-rate of the Europeans was almost exclusively due to India, the mortality having been lower than in 1868 at all the other stations except the West Indies.

MEMORANDUM ON MEDICAL OFFICERS OF PUBLIC HEALTH.

THE Royal Sanitary Commission has drawn up a Memorandum which contains a detailed scheme for the establishment and proper working of a department of public health. The Sanitary Commission propose that the Poor-law medical officers of the country shall undertake the duties of local health officers; and they explain the exact duties they should be called upon to undertake, and the relation which they ought to bear to the local and central authorities. In order to bring every part of the country under proper sanitary rule, the Commissioners are of opinion that there should be: first, a Minister of Health and Local Government; secondly, six permanent departments, under the Minister, for law of local government, engineering, registration and statistics, relief of poor, the medical care of public health and poor, and legislation bearing on the profession of medicine; and, thirdly, existing officials of the Home Department, the Privy Council, the Poor-law Board, the Board of Trade, the Registrar-General's Office, and the Lunacy Commission—united into one office, and placed under the Minister of Health—undertaking the duties of these several sections, and furnishing also a body of inspectors, with a very few additions, of whom a certain number would reside in the registration district or the "public health area," whilst others would occupy the position of special inspectors for legal, engineering, scientific, and medical questions, being assisted when necessary by experts officially attached for limited periods as consultative advisers to the head office. The local executive would, moreover, consist of the resident inspectors referred to above, of the legal advisers or clerks of corporations and guardians, and, lastly, of the Poor-law medical officers in the capacity of local "medical officers of public health." The Commission remarks that the "basis of the public health staff in this country may, with great advantage (in consequence of the universal presence of the sick poor), be the body of men now known under the name of Poor-law Medical Officers—a staff of public officers paid out of the public funds," of whom there "are already in England alone about 4000." The reasons given for suggesting their employment is that they exist already and everywhere, that they are intimately acquainted with the habits of the poorer classes, the haunts of disease, and the general sanitary peculiarities of districts; that they are fairly educated, and belong to that part of the middle class which combines sterling practical habits with considerable culture; and that they are thrifty, and little disposed to increase unnecessary taxation. Certain passages in the Memorandum suggest the idea that the humanity and thriftiness of the practitioner may be turned to account in the public service still more extensively than at present. The duties to be assigned to the Poor-law medical officers, if created health officers, would be—First, their ordinary duties, regulated, as at present, by the guardians or local health authority and the central office, with such modifications as may from time to time seem desirable; secondly, they should be required to fill up and transmit at stated times to the central office forms for returns of sickness, and others indicating the general sanitary condition of the district, such returns containing spaces for statements as to the general condition of houses, hamlets, yards, water-supply, drainage, and also for observations on special local causes of ill-health, whether in food-supply, dwellings, wages, employments, or drunkenness; thirdly, to undertake, if willing, meteorological observations and water analyses;—whilst the medical officer would not be removable by the local authority or disallowed holding other public posts. The Commission assumes that arrangements will be made to assimilate the practice of the whole kingdom, with respect to the supply of medicines for the medical officers of unions, to that of Ireland. The Commission further declares its belief that it would be unadvisable to require on the part of medical officers of public health the possession of a degree in State Medicine, but only registered qualifications to discharge all the usual duties of medical, surgical, and obstetrical practice. The establishment of public health laboratories in the larger and more important towns is another point urged in the document. The scheme proposed is stated to be one adaptable to the wants of Scotland and Ireland; and, in order to make it work satisfactorily as regards the country generally, it is deemed necessary that the army and navy and the Medical Council should be represented at the central office. The scheme as a whole is an admirable one, and tallies with our own suggestions. What the profession have specially to consider is the nature of the return which they shall receive for the extra amount of work that will be required of them, and this is a question of vital importance which we shall not fail to keep steadily in view.

THE LANCET.

LONDON: SATURDAY, MAY 20, 1871.

WE make no apology for returning to the subject of vaccino-syphilis, which has lately occupied the attention of the Royal Medical and Chirurgical Society; for it is one which involves the gravest interests. We have been able to point to the discovery of JENNER as one of the greatest benefits that has ever been conferred upon the human race; and the justice of our boast has been so commonly admitted that its reiteration has come to be regarded as a platitude. We are at present in the midst of an epidemic of small-pox; and it is in the highest degree probable that, if there had not been a gross disregard of vaccination on the part of our population, the disease, on its advent in England after the influx of visitors from the Continent, would never have reached its present dimensions. Be this as it may, no one with an appreciation of what vaccination has achieved in the past would doubt that it would be criminal for us to neglect to avail ourselves of its protective powers against small-pox in the present. It is, then, at this time that we hear, unfortunately, of the occurrence of cases of vaccino-syphilis. It is true that such cases, as far as this country is concerned, have been so exceedingly rare that the report of their having arisen was sufficient to attract instant attention, and awaken great professional interest. We are far from saying that it was wrong to give immediate publicity to the occurrence of cases of vaccino-syphilis; on the contrary, supposing them to have been really such, it was perfectly right to do so; but the present time is inopportune for the publication of a judgment which we cannot help regarding with Mr. DE MÉRIC as precipitate until the advent of general manifestations has rendered the syphilitic nature of the lesions indubitable. However, a Committee is to be appointed for the purpose of fully investigating the nature and history of these occurrences; and we can only hope that the members of that Committee will set about their task with a conviction of its gravity and a lively appreciation of its difficulties; that they will approach the facts with impartial minds, and sift the evidence with that patient, critically scientific spirit which the subject demands.

We may venture to indicate what ought, in our opinion, to form the more prominent elements of their inquiry. To begin at the beginning, we may accept the evidence which has been adduced on the continent in proof of the possible introduction of the syphilitic poison into the system during the operation of vaccination as conclusive. The history of such occurrences as ensued at Rivalta and elsewhere unhappily leaves little or no room for doubt. To deny that syphilis occurred at all would be tantamount to denying the value of human testimony altogether; but it is a long step from this to say that the *vaccine lymph* conveyed it. In the present case, the Committee will have, first of all, to divide their inquiry into two main branches: first, what is the exact nature of the affection from which the patients referred to in Mr. HUTCHINSON's report are suffering; and, secondly, supposing it to be syphilitic, where and how it originated. In the event of its being proved to their satisfaction that the disease is syphilitic in its nature, and that its origin is traceable to vaccination, they will then have to determine what was the condition of the child (vaccinifer) from whom the vaccine was derived at the time of the lymph being taken, as well as its subsequent condition, and the exact nature of the fluid that proved to be the vehicle by which the syphilitic virus was introduced. And, flowing out of this inquiry, we may naturally hope to learn what methods we are to adopt as safeguards against any such occurrence in future. More than one speaker at the late debate laid a good deal of stress upon the fact that there is nothing in the character of a confessedly primary syphilitic lesion that would warrant us in declaring it to be unquestionably syphilitic; that, in fact, ordinary ulcers, as regards the hardening process that may attend them, sometimes mimic the induration of a syphilitic lesion so exactly as to render the diagnosis doubtful; and, on the other hand, that syphilitic manifestations will occasionally follow lesions where the induration has been of a masked or uncertain kind, or slight, or altogether absent. The way in which Mr. HUTCHINSON met this objection was perfectly legitimate, and to his mind no doubt satisfactory. Granting the difficulty that would attend the formation of a judgment from any single given ulcerative lesion, however indurated, there would still be no hesitation where we had a number of such presented to our observation, all exhibiting identical or nearly identical characters upon different persons vaccinated at the same time. This is no doubt the strongest evidence in favour of their having been the subjects of one and the same morbid cause, and that the pathological process set up was attributable to an element of some kind over and above that of the vaccine poison. But was that element a syphilitic one? It is, of course, excessively unlikely that anything of an accidental character should have affected so many persons in the same way. To Mr. HUTCHINSON's mind the evidence may have seemed overwhelming, but it still falls short of demonstration. We have no description of the nature, extent, and character of the roseola that is said to have appeared in some of the cases, nor do we yet know anything of the condition of the post-cervical glands or of the throat, or whether any complaints have been made of pains in the fibrous and muscular tissues that so commonly follow syphilitic inoculation. The administration of mercury may delay, or possibly even occasionally prevent, the occurrence of secondary symptoms; but it is contrary to experience to suppose it would have done so in all. Until these things, and others of a yet more definite kind, have ensued, it is only right, scientifically speaking, to hold our judgment in suspense.

But, assuming the syphilitic nature of the disease to be manifestly proven, the next part of the inquiry is one of much difficulty, requiring the most rigid investigation of all the facts. The first two cases vaccinated escaped: the syphilitic inoculation either never took place at all, which is most likely, or it failed to engraft the disease upon them.

We need scarcely say that the negative phenomena are all-important, and most pertinent to the inquiry. The possibility of any extraneous source of the syphilitic element must be excluded; and it must be shown, if the same lancet was employed in the vaccination of all the cases, that no blood was carried on it from a person already syphilitic to the remainder. This disturbing cause being excluded, it must next be determined whether there was any, and if any what, difference in the character of the fluid removed from the vaccinifer and transferred to those cases in which the syphilitic lesion supervened, and in that employed in those cases where no such result followed the operation of vaccination. HUNTER, as we know, disbelieved altogether the power of the blood to act as the vehicle of syphilitic inoculation; but he was probably wrong. MM. ROLLET, VIENNOIS, and others of the Lyons school, have shown much reason for holding a contrary opinion; and Professor PELLIZZARI's experiment leaves little room for doubt on this head. Blood, removed from a syphilitic patient at a part of the body where there was no appearance whatever of any syphilitic products being present, was, with every care to avoid all sources of contamination, inoculated, and produced in due time unquestionable phenomena of syphilis. Nor is this the only case. Negative evidence is of but little value contrasted with a positive result of this nature. Why it is that the blood, or the system, of a syphilitic patient should possess more active morbid properties at one time than another we do not know; the fact is certain, that a syphilitic parent may beget offspring, some of whom shall, and some of whom shall not, be diseased. Whilst on this point, we may remark that it is a plausible hypothesis, at any rate, to assume that this activity is connected with, and preliminary to, the evolution of some diseased phenomena. There is no reason whatever to suppose that an attack of syphilis contracted by inoculation from a case of congenital or inherited syphilis would be less marked or severe than another contracted in some other way. It has been urged that, while the specific products elaborated from the blood will only impart by inoculation the same disease as engendered them, and that, in this way, vaccine lymph will only give rise to vaccinia, the ordinary products of blood—such as lymph, serosity, or the ordinary cell-products of tissue, &c.,—may, if inoculated, give rise to disorders of other kinds, and syphilis among these. There is much in the way of analogy to render this view probable, and all the positive evidence of a trustworthy kind goes to support it; but we want, it must be confessed, more facts—more light!

We have said nothing of the cases with which Mr. HUTCHINSON supplemented his first paper. We may fairly expect that the Committee will include these in their investigation. Mr. HUTCHINSON, who regards the danger of vaccinal syphilis as infinitesimally small, has nevertheless made a very practical suggestion with the view of preventing its occurrence. He would prohibit the taking of lymph from any first-born child, and recommends that it be taken in all cases from second or later children, in families of which the eldest had enjoyed a good state of health. Of one thing we may rest assured—viz., that, if all that is asserted were proved, vaccination is yet an inestimable boon to mankind, and we cannot afford to cast it aside on account of rare eventualities so long as we have to encounter a terrible scourge like that of small-pox; and it ought to be as much the anxious effort of the Committee of the Medical and Chirurgical Society as it is the wish of the profession to relieve vaccination of any possible source of danger of this kind.

WE are glad to think that Dr. PARKES's Croonian Lectures, on the Elimination of Nitrogen from the Human Body, are reported in full in our columns. They form a chapter in physiology which, for scientific and medical importance, cannot be exceeded by anything in our literature. There is every element of interest in these lectures. They bring the physician into contact with the physiologist on a question at once scientific and practical. Physicians of late have magnified nitrogen. Nearly all disease has been set down to a defect of it in the tissues that were supposed to use it up quickly and to need constant fresh supplies of it. "More food, and food of the nitrogenous order," has been the popular prescription of late for nearly everything, from catarrh to cancer, and from dyspepsia to delirium. There is a novelty of doctrine in these lectures which distinguishes them from the teachings of very recent works on the same subject. Dr. PARKES speaks with the exactness and authority of a recent and original experimenter. The lectures are interspersed with hints of the most practical physiology, and they at the same time conduct us to the very mysteries of life and will and force. In what part of the body takes places the mysterious transformation of albumen into urea? What are the steps of the process of transformation? What is the connexion between the integrity of this process and the maintenance of health?—or between it and the manifestations of force, of will, or even of conscience and genius? Such are a few of the higher questions which are broached in these lectures. It is not professed by Dr. PARKES that physiology can yet do much more than put many of them; though even this is a service. We shall leave the deeper and still obscure points in the hands of Dr. PARKES and other physiologists, and content ourselves with an attempt to indicate the most significant of the facts that seem to have been already ascertained and their bearing on points of medical practice.

It seems well made out that, practically, all the elimination of nitrogen that takes place does so through two channels—those of the kidneys and of the bowels. The skin and the breath may be disregarded as channels for the elimination of nitrogen. Of the two modes of exit of nitrogen, by far the most important is the urine. Thus RANKE, with whose experiments Dr. PARKES's very closely agree, found, on experimenting on himself, that, with a mean entry of 17·91 grammes (276 grains) of nitrogen, 1·7 gramme (or 26·23 grains) passed by the bowels, and 18·2 grammes (or 281 grains) by the kidneys. In other words, on a regulated diet, more than the amount of nitrogen taken in the food can be recovered from the urine and fæces. On a regulated diet there is a slight excess of nitrogen in the excreta over that of the food taken; which Dr. PARKES explains by saying that, on such a diet, there is a tendency

to lose weight—a fact which would seem to carry the moral that we should not regulate ourselves by nice calculations in such matters, but eat according to well-ordered appetite.

The point of the experiments of PARKES, as of VOIT, RANKE, and others, is this—that the amount of nitrogen eliminated in health from the body, in the form of urea and other substances, is regulated by food, if not entirely, at any rate almost entirely. If the food taken is more nitrogenous, the excretion of nitrogen increases almost in exact proportion, and *vice versâ*. Exercise, mental or bodily, is comparatively unimportant in its effect. "*Within certain limits, the exit of nitrogen in healthy adults is governed by the entrance*"; in other words, the amount which passes out by the urine is regulated by that which passes in, and to a very small extent only by the muscular and nervous actions of the body itself. We have been in the habit of thinking that *work*, mental or bodily, was the great cause of variation in the amount of nitrogenous substances excreted; but exacter physiology seems to show that food, rather than work, determines the elimination. This, of course, within certain limits. Some urea is found in the urine even in cases of starvation, and in cases where nitrogen is withheld from the diet.

Every practitioner will immediately recognise the practical importance of exact knowledge on this subject. In regard to pyrexia, to cases of cancer and other organic growth, to gout, to diabetes, saccharine and ureal, most important illustrations and suggestions have already been received from physiological chemistry; and it cannot be doubted that much more light will yet be thrown on these states. To take only one illustration given by Dr. PARKES—that of the state of pyrexia. We all know the high temperature of acute pneumonia, and the rapidity with which a patient loses weight and strength. Exact observations in physiological chemistry have given some explanation of these phenomena. "Thus in a severe case of pneumonia the amounts of nitrogen going in and passing out were determined, and the degree of pneumonic consolidation estimated closely. From these data it was calculated that in five days 21 per cent. of the muscular tissue was destroyed; and, as this is supposed to constitute usually 45 per cent. of the whole body, it follows that more than 9 per cent., or one-eleventh part of the whole body, was destroyed and discharged in five days." This piece of chemistry greatly enlarges our notions of the state of acute pneumonia, though we are still far from understanding the exact course of pathological events and processes. In what part of the system does the first step to acute pneumonia occur, leading not only to local consolidation, but to most extensive tissue change throughout the body? What is the relation of this tissue change to the local lesion of the lung and to the high temperature, and to more impalpable and recondite changes such as those indicated by the initiatory rigor &c.? These are questions which still cannot be fully answered; enough seems known to connect the state of pyrexia, with its great ureal elimination while little food is being taken, with the rapid disintegration of nitrogenous tissues, especially muscles and nerves. In health, when food is being naturally taken and the weight of the body is preserved, there is an almost perfect quantitative correspondence between the entrance of nitrogen in food and its elimination. But in pyrexial disease, and to some extent perhaps in diseases that are not pyrexial, there occurs a great disproportion between the nitrogen taken in food and the nitrogen eliminated. Physiology and chemistry unite to show that this elimination takes place chiefly at the cost of the muscular and nervous tissues—or perhaps it would be more accurate to say at the expense of the muscular tissue when it has lost some nervous quality necessary to the preservation of its integrity.

A most interesting part of this question still remains to be considered. We have said that all recent physiology tends to show that in health the increased action of muscles causes either no increase in the amount of urea eliminated or only a very slight increase. Moreover, urea is not found in muscles, as it would almost certainly be if it were formed in them. Where, then, is urea formed, if not in muscles? We will content ourselves with referring our readers to the proofs so ably and interestingly stated by Dr. PARKES, that the transformation of albumen into urea takes place in the cells of the glandular system, especially in the liver. We have more than once directed the attention of our readers to the discovery that urea is formed in the liver. MEISSNER'S discovery has been confirmed by others. E. CYON has shown that blood leaving the liver has much more urea in it than when it enters. Pathology, too, has given proof of the urea-forming function of the liver, by showing that withering and destruction of the liver-tissue is connected with an important diminution in the formation of urea. It is evident that, though our notions of the functions of the liver have been already greatly revolutionised by physiology, this organ must be regarded more than ever in our attempts to explain and treat disease. The vague but common states of biliousness, as well as those graver forms of liver disease in which the patient dies comatose as if from uræmia, may receive elucidation from the discovery of the urea-forming function of the liver. These states may be connected with an excess of nitrogenous [illegible] which cannot be transformed into urea, and so loading and oppressing the system; or they may be induced by substances which chemically or physiologically interfere with the urea-forming function of the liver and other glands. At any rate, medical men must feel indebted to physiologists for disclosing the great fact, that the production of urea takes place certainly in the liver, and probably in other gastro-intestinal glands; and that the amount of it can be greatly controlled by having respect to the nature of the food given. Most physicians will agree with Dr. PARKES in thinking that these discoveries in physiology dictate the necessity of a reconsideration of the dietetic doctrines which have lately been prevalent in the profession, and especially that of the value of large quantities of nitrogenous food, either in pyrexial states or in states where the disposing and transforming power of the system or of its glands is temporarily in abeyance. "I believe from experience," says Dr. PARKES, "though speaking with great reserve, that the almost exclusively animal diet sometimes given in fevers is not so useful in sustaining strength as is supposed; and that, if it were not for the loss of appetite which limits the supply,

we should perceive more clearly the bad effects." Dr. PARKES thinks that in fevers starches and fat should be used more freely.

IT is rumoured that the scheme for an amalgamation of existing licensing bodies, for the purposes of examination for a uniform qualification to practise, is now seriously revived in a new shape. It is said that the Universities of England have provisionally consented to join with the London Colleges of Physicians and Surgeons and the Apothecaries' Hall to form a "Committee of Examinations," composed of one representative from each of the English Universities, one representative from the College of Physicians, one from the College of Surgeons, and one from the Apothecaries' Society, which will appoint a Board of Examiners for England, before whom every candidate for the licence to practise must appear. The fee for the conjoint examinations is fixed at fifteen guineas, and the examinations are to be two in number. Every candidate, on presenting a certificate of having passed the examinations of the Board, and having paid the fees for the examinations, will, subject to the bye-laws of such licensing bodies, be entitled to receive (*a*) the licence of the London College of Physicians and the membership of the London College of Surgeons, or (*b*) the membership of the College of Surgeons and the licence of the Apothecaries' Society, on payment of such additional fee as these licensing bodies may respectively require. The Universities, however, are to have the privilege of sending men up at once to the second examination of the Board, if they have passed a preliminary examination (after completing the required curriculum of study) equivalent to that of the Board. The arrangement about the fees to be paid by these students we do not clearly understand. We can only say that the whole of this arrangement wears, *primâ facie*, the aspect of a somewhat heavy bribe to the Universities for their compliance with this amalgamation scheme.

Our readers are already aware that we disagree entirely with the principle of placing the power of regulating a one-portal examination for the licence to practise in the hands of the corporations. The present scheme is doubtless somewhat less monstrous in appearance than the former amalgamation scheme, in which the Universities were not included; but it still possesses the fatal defect of neglecting to provide any real check upon the interested motives which might, and almost certainly would, tend to produce a mischievous lowering of the standard of requirements exacted of the candidates for the licence to practise. Moreover, we object to any legislation which deals with England alone, and not also with the other divisions of the kingdom. If the new proposal be embodied in a Bill for the sanction of Parliament, the very most that its supporters have any right to hope for it is that it may be referred, along with THE LANCET Bill and the Bill of Mr. BRADY, to a select parliamentary committee. We believe that, if such a committee were properly and impartially appointed, there would be little danger that it would report in favour of such a fragmentary and ineffective project of reform, in preference to the thorough and comprehensive scheme embodied in THE LANCET Bill.

Medical Annotations.

"Ne quid nimis."

THE RECENT TRIAL AT THE COURT OF QUEEN'S BENCH.

HOWEVER open to criticism may have been the course adopted by the prosecution in the recent trial for conspiracy, we are glad to share the Lord Chief Justice's opinion that no evidence on either side was omitted which could impair or strengthen the judgment of the jury in their verdict of acquittal. Never has a less attractive case been more patiently investigated; never has the public felt greater relief at finding its worst misgivings dispelled. The Attorney-General, at the close of his eminently candid and lawyer-like address to the jury, repelled the argument employed by one of the defendants' counsel, that they should be all the more reluctant to convict, because such a verdict would leave a stigma on the character of the nation. It was just because such a stigma had virtually, if vaguely, been inflicted, that the necessity of sifting the whole evidence to the most trivial item was so urgent; it is just because the severest censor of English morals is precluded from saying that a single inculpatory fact has been withheld, that the verdict of acquittal is so peculiarly gratifying. At every point the evidence for the prosecution became more and more attenuated, until it fairly and finally broke down in what should have been the most damaging testimony of all, that of the medical witnesses. We have before us a minute and specially prepared report of this part of the proceedings; and while we readily admit that none of the witnesses possessed the proficiency claimed by Continental experts in this repulsive branch of diagnosis, we are also bound to state that the evidence of the surgeons retained for the prosecution was comparatively pointless beside that of those retained for the defence. We could justify our opinion in detail, but our readers would scarcely thank us for reopening a question which has so convincingly and we trust conclusively been set at rest. Still, the occasion must not be allowed to pass away without some reference to the state of society in which even the suspicion of such practices as those imputed to the defendants could have arisen. Nothing could be more impressive than the language in which the Lord Chief Justice denounced the conduct of the defendants —conduct as unmanly and as essentially un-English as it is possible to conceive. The elder Cato, rebuking the effeminacy setting in on the declining Republic, could not have been sterner or more severe. Sir A. Cockburn's words were doubtless intended to have a wider application than the scene of their delivery; certainly there is much in the mode of life of our *jeunesse dorée* at which they should not be levelled in vain. Luxury, idleness, self-indulgence, effeminacy, are so eating into the very fibre of the nation's vitality, that we seem to have almost lapsed into a state like that deplored by the Roman lyrist:—

> "Damnosa quid non imminuit dies?
> Ætas parentum, pejor avis, tulit
> Nos nequiores, mox daturos
> Progeniem vitiosiorem."

We have had, as the leading journal has well reminded us, a recent example of how impotent on the battle-field are the votaries of luxury and dissipation against the cultivators of the simple and manly virtues; and it is significant that the keen contemporary satirist who describes the discomfiture of our army at the "Battle of Dorking" points a similar moral. If such a disastrous consummation is to be averted, it will only be by a revulsion from the Parisian mode of life now so popular among us, back to the more masculine virtues on which we used to pride

ourselves, and of which our kinsmen across the Rhine have given so effective an example. The Pulpit has now been reinforced by the Bar in pleading for the manlier virtues. We have little doubt that Medicine will not be found wanting beside her professional sisters in aiding the good work of social regeneration.

THE PHARMACEUTICAL SOCIETY AND "POISON REGULATIONS."

THE annual meeting of the Pharmaceutical Society was held on Wednesday, and the now celebrated and much discussed "poison regulations" were brought forward by the Council of the Society as "recommendations," and not as "compulsory regulations," in accordance with the recent decision of the Executive. It was the disagreeable duty of the Council, however, to communicate to the meeting the information that a letter had recently been received from Mr. Simon, in which that gentleman stated in plain terms that My Lords of the Privy Council would take the matter into their own hands for action if the Pharmaceutical Society still refused to make proper regulations in regard to the keeping &c. of poisons—a communication which completely dissipates that imagined security upon which the pharmaceutists have recently been congratulating themselves as the result of "the opposition of the trade." At the meeting on Wednesday, an amendment was moved to the proposition of the Council, to the effect that the regulations drawn up by the Council, and submitted for voluntary adoption, should be accepted as compulsory, and we hear that this was only lost by a majority of nineteen, about eighty-five voting in favour of it. Finally, it was resolved that the question should be again referred to the Council, in order that they might take such steps as may be deemed desirable. We suppose this course was taken with the view of meeting the difficulty raised by the Privy Council communication, but we would fain hope that it implies that the latter has had a salutary effect in opening the eyes of the Pharmaceutical Society to the foolishness of their past opposition to the compulsory regulations.

LORD CARNARVON ON MEDICINE AND JOURNALISM.

AT the annual dinner of the Newspaper Press Fund on Saturday last (the 13th inst.), Lord Carnarvon attempted a classification of the different professions, according to the measure of their laboriousness. The artist, he said, undergoes much toil, anxiety, and disappointment; but, as a compensation, the prizes he has a chance of winning are great. The soldier and the sailor are similarly conditioned as to the alternation of hard work and hope deferred with brilliant opportunity. Each, moreover, has the advantage of being, to a great extent, master of his own time—an advantage enjoyed in yet larger measure by the pure man of science, who can distribute the day's exertion according to his convenience. "The lawyer," added his Lordship, "is greatly tied; but I have come to this question within myself, whether the man of medicine or the man of the press is the harder worked: the man of medicine, who devotes his whole life to the charitable objects of his profession, and who cannot call the night his own; or the man of the press, whose work is so hard and unceasing, and upon whose accuracy, both of word and of fact, the greatest issues depend, and, moreover, who turns his night into day, but not, as in the old Egyptian fable, for his own gratification." His Lordship declined to adjudicate between the two professions; and, in truth, it is next to impossible to do so. Both tax the energies of their members to the utmost — both make heavy draughts on the mind as well as the body; but it seems to us that the medical man has over the journalist certain advantages which probably explain his undoubtedly greater longevity. In the first place, his duty is better defined; the subjects of his daily concern are much less varied than the journalist's. The mind, therefore, works easier, and the tax on its productiveness is less. In the next place, he comes to it with something like special preparation; in the majority of cases, the journalist begins his career with small special, and sometimes with scarcely more general, culture. He has to educate himself for his profession as he works at it, and, consequently, wastes much strength unnecessarily. Thirdly, the medical man's habits are active; those of the journalist sedentary. Lastly, the emotions which controversy arouses are much less frequently called into play in the former than in the latter profession; excitement and work performed under it belong much more to the journalist's than to the medical man's life. We are speaking, be it remembered, of the general practitioner rather than of the consulting physician, on the one hand; and of the daily rather than of the weekly journalist on the other. It is true that, as the press becomes more and more recognised as a profession, the disadvantages from which so many of its votaries suffer—want of special training and the irksomeness of "writing against time" on unfamiliar topics—will tend to disappear; division of labour will be more perfect and responsibility better distributed. But, as it has hitherto been performed, daily journalism is beset by difficulties peculiar to itself, which very few of its votaries live to overcome with mental and bodily energy unimpaired.

SPECTRUM-ANALYSIS OF BLOOD-STAINS.

FROM the account of the evidence in the case of the Eltham murder which has been published in the newspapers it would appear that the spectroscopic characters of blood are likely to play a prominent part when the case comes on for trial.

The spectroscope, as many of our readers will know, came into use as an instrument of chemical analysis thirteen years ago, and was originally employed for the detection of the alkali-metals and a number of other metals, the substances to be analysed being heated strongly in a colourless flame, and made to yield incandescent vapours, the light from which, passing through a prism, furnished characteristic spectra. These spectra consist of narrow bands of light, quite sharp and distinctly defined, and having much the aspect of bands of narrow China ribbon. They have *fixed colours* and *fixed position* in the spectrum. The value of this kind of analysis was most strikingly exemplified by Bunsen, its discoverer, who by means of it discovered two new alkali-metals, cæsium and rubidium. Later, Mr. Crookes discovered the metal thallium by means of spectroscopic observation; and still later a fourth new metal, indium, was recognised in the same manner. In each of these examples chemists operated upon incandescent vapours, and it was the presence of a *narrow bright line* of peculiar colour, and occupying a *perfectly fixed* and *definite position* in the spectrum, which led to these important discoveries. A second kind of spectroscopic observation naturally suggested itself to chemists—viz., observations of spectra given by passing colourless light through coloured solutions: instead of light from incandescent vapour, light from a coloured liquid was sent through the prism.

This second kind of spectroscopic observation is, however, not so satisfactory as the first. There are no sharp and brilliant bands of light, standing out like China ribbon, and perfectly unmistakable by all eyes. Instead of striking appearances of this kind, all that is to be observed is a little *dimness* here and there in the spectrum. The

dim spaces which are not sharply bounded have been dignified with the name of *absorption bands*, and many of them are so little conspicuous as to be invisible to all but the highly educated eye.

No discovery has as yet been made by means of these spectra, and but for the great success which attended the first kind of spectrum-analysis very little weight and importance would be allowed to the indications of the second.

In the spectra of incandescent vapours there are, as we mentioned, narrow bright lines of light. There are also bright tracts in these metallic spectra. Now, if there were only these illuminated tracts, and not the lines of light, the spectrum of an incandescent vapour would degenerate, for analytical purposes, into the condition of the spectrum furnished by light after transmission through a coloured liquid. The spectrum-analysis of blood does not deserve the highest degree of confidence.

THE PATHOLOGICAL SOCIETY'S REPORT ON LARDACEOUS DISEASE.

THE long-expected report of the Committee on Lardaceous Disease, appointed some time since by the Pathological Society, was produced on Tuesday night at the last of the meetings for the present session. A whole batch of other reports in arrear underwent the usual "massacre." The result of the report on lardaceous disease is creditable to the Society, and shows that not merely "dead flesh on soup plates," but pathology as distinguished from mere morbid anatomy, occupies its attention and its funds, and it affords encouragement for the prosecution of further and allied investigations. The report referred to the chemical condition of the affected organs, and to the most appropriate term for the change. Of the many names which have been used for the disease, the one chosen was "lardaceous," a decision which it is to be hoped pathologists will now and hereafter, with one consent, adopt.

The chemical results, for which Dr. Marcet was responsible, were of great interest. It was shown that the affected organs were greatly deficient in salts of potash, while they contained an increase of chloride of sodium and cholesterine. The formation was shown to be nitrogenous, and to have a relationship to a solution of fibrine in hydrochloric acid.

In connexion with these results, it will be remembered that Dr. Dickinson, some years ago, pointed out a deficiency of alkali in organs thus affected, and showed the frequent dependence of the change upon suppuration, by which process, as he supposed, alkali was removed from the blood, and a deposit, analogous to fibrine, occasioned in the tissues. We believe that Dr. Dickinson, with a view of preventing the disease, is in the habit of administering potash in cases of chronic suppuration.

THE HOSPITAL ESTABLISHMENT AT NETLEY.

IN the report of the Army Medical Department just issued, Inspector-General Beatson, C.B., reports that the admissions into the Royal Victoria Hospital during the year 1869 amounted to 3651, of whom 3425 were invalids from foreign stations. Of the invalids, 1542 arrived from India by the overland route, and 1086 by the route *viâ* the Cape of Good Hope, making in all from India 2628. The highest number of men in the Royal Victoria Hospital during the year 1869 was 625, on the 26th June; and for 63 days the numbers in hospital were over 500. The daily average on the whole year was 334·77. In regard to the invaliding from India, Dr. Beatson remarks that the experience of another year has convinced him that if the invaliding boards were assembled in January instead of October, many men who are now sent to England would be retained in India, and would prove perfectly efficient soldiers. One of the great wants of Netley is the provision of suitable quarters for married medical officers. The chaplain to the establishment is very properly provided with such quarters, but the married medical officers are compelled to reside away from the hospital on account of the absence of quarters suitable to the requirements of themselves and families.

THE LORDS ON VACCINATION.

LORD BUCKHURST has done good service in drawing the Peers' attention to the epidemic of small-pox, and to the want of proper facilities for public vaccination. He alluded to the defective arrangements of St. Pancras, and appealed to their Lordships whether stations should not be arranged with a view to general convenience rather than with reference to parishes and unions. The Earl of Kimberley attributed the neglect of vaccination to fanatical agitators who had persuaded a certain number of blind and ignorant people to resist the law. He said it was difficult to meet the convenience of all, but he agreed that stations should be so arranged as to encourage and facilitate the resort to them. He relied greatly on the appointment of inspectors, for unless cases were hunted up, prejudice and ignorance would always, he feared, leave a considerable number unvaccinated. Lord Portman drew attention to the defective supply of vaccine matter, and in his opinion better arrangements for its supply should be made. The Earl of Malmesbury remarked that the middle classes were allowed to escape through scruples which were not extended to the poor. The Marquis of Salisbury asked what was the use of fining the poor. Their children were not thereby vaccinated. In one point our law was behind that of other countries. A policeman should be sent with the doctor to see that the child was vaccinated.

"ERBSWURST."

ONE of the great requirements for an army is the provision of a compressed form of food, capable of affording sufficient nourishment to soldiers on any expedition in which there is a risk of the transport or Commissariat arrangements breaking down, or the supplies of food being interrupted. The Prussians, as is well known, during the late war were provided with a very portable form of food made into the shape of a sausage, and known as the "pea sausage" or "Erbswurst."

Dr. Parkes, Professor of Hygiene at Netley, as the result of his analysis of Erbswurst, has found it to contain in 100 parts: 16·2 of water, 7·19 of salts, 12·297 of nitrogenous matter, 33·65 of fat, and 30·663 of starch, &c. The chief point is the great amount of fat. A ration of six ounces contains two ounces of fat; and, if three rations are taken daily, more than six ounces of fat are taken. Professor Parkes adds that this must be excellent diet in this respect for men undergoing great exertion.

A GUIDE TO PAUPERS, OR THE RELATIVE COST OF IN-DOOR RELIEF.

THE tramps ought to be very much obliged to the Poor-law Board for the accurate information recently published as to the most comfortable workhouses in which to settle down when from infirmity they cannot any longer travel. They would avoid Grantham, where the weekly cost of food and necessaries is only 1s. 9d. per head, and they would eschew Maidstone, where it is 1s. 8¼d. It would be better to move on a stage further to Tonbridge, where the weekly cost is 3s. 9¼d., or, still better, to Sevenoaks, where it is

4s. But if the Poor-law guide is to be trusted, it would be far better to hold on until the metropolis is gained, for although the treatment in Whitechapel is not particularly liberal, being at the rate of 3s. 1¼d. per week, it is only necessary to tramp a quarter of a mile further to find better fare at Mile-end, where the rate is 5s. 4¼d. It would be well to avoid the Borough, where the food and necessaries come to 3s. 2d. per head, and try Wandsworth and Clapham, where it is 5s. 1¼d. If you wish to settle down in the north it will be well to prefer St. Pancras, with all its drawbacks, to Islington, because the food in the former costs 9¼d. a week more than in the latter; or if in the west, select Fulham, where the rate is 5s. 5d., in preference to Chelsea, where it is only 3s. 1¼d. Judging from these returns, Fulham is, in fact, the most comfortable workhouse in England, and the cost of its inmates is just three times greater than in Maidstone. Can we wonder that metropolitan pauperism increases under such circumstances?

ST. GEORGE'S HOSPITAL.

WE briefly noticed, last week, the meeting held at Willis's Rooms in aid of the funds of St. George's Hospital, and we trust it will bear good fruit in the way not only of donations, but of increased annual subscriptions also. It seems hardly credible that an institution admitted on all hands to be carefully and economically managed, and that is situated in so wealthy a district, should be permitted to suffer for lack of funds. The residents in Belgravia, and the rich people who ride and drive in the park, have more than once, from horse or carriage accidents, furnished patients to St. George's; and the hospital has, therefore, a claim upon their prudence as well as upon their charity. *The Times* has always been prompt to advocate the cause of St. George's; and did so this year in a manner even more marked than usual, by devoting both a leader and a descriptive article to the subject. In the latter it dwelt especially upon the value and genuineness of the out-patient department, consequent upon the limitation of the number of persons admitted to share its benefits; an arrangement that enables the assistant staff carefully to examine and prescribe for every applicant. It mentioned also the remarkable fact that, on a given day, no less than 72 out of 329 in-patients were not Londoners, but persons who had come from the country for treatment. We would suggest that some of the old pupils of the hospital, who are scattered all over England, might make this statement known among their more wealthy provincial neighbours, and might in this way obtain some additional contributions to the funds.

SMALL-POX IN STAINES.

IT is interesting to record the success which has attended the exertions of the inhabitants of Staines in their management of small-pox. On the 17th of February the disease was introduced by the removal of a young woman from London, who died a few days afterwards. A meeting of the inhabitants was at once held, and, in place of providing a hospital, it was resolved to secure these four objects—viz., the constant and free supply of nourishing diet to the patients in their own homes; the attendance of a trained nurse who, under the control of medical attendants, should superintend all the cases; the disinfection of the bedding, clothes, furniture, &c., in houses where the disease prevailed; and the thorough protection of the inhabitants by prompt vaccination. Every possible measure has thus been taken to mitigate the danger and prevent the spread of the disease, and the guardians of the poor gave full discretionary power to the medical and relieving officers to assist the committee. It is satisfactory to know that, out of eighty-two cases of small-pox, there have been only nine fatal cases, of which four are known not to have been vaccinated, and some of the others were doubtful. The disease is almost extinct, only three cases remaining, all of whom are convalescent; and the nurse, whose services have been most valuable, has been dismissed as being no longer required.

It is to be hoped that the inhabitants will be rewarded substantially for their energy. For some time past the streets have been deserted and trade has been dull, but with a clean bill of health business will revive, and the town regain its wonted prosperity.

THE CONTAGIOUS DISEASES ACTS.

THE Royal Commission ceased hearing evidence on the 13th inst., and adjourned until the 5th of June, when it will discuss the draft report of its labours. We understand that strong approval will be given of the mode in which the Acts have been carried out, and all suspicion of illegal working and cruel tyranny on the part of the police proved utterly groundless. How far the Report will recommend the maintenance of the Acts in their present condition it is of course premature to state. No doubt much difference of opinion on this point exists among individual members of the Commission. The question will be taken up in Parliament as soon as the report is issued, and we may expect it to be set at rest by the middle of July.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION, IRELAND.

THE Poor-law Medical Officers' Association of Ireland is likely to render great service to its members and to the profession. The Council have just issued an appeal in favour of a Bill about to be introduced by Sir Dominic Corrigan, for the purpose of obtaining remuneration for the Dispensary Medical Officers of Ireland in cases where they may be called upon to give their skilled evidence for the committal of alleged dangerous lunatics, in like manner as provided for in England and Scotland, and also for the assimilation of the scale of superannuation of the resident medical superintendents of lunatic asylums in the three countries.

EARLSWOOD ASYLUM.

H.R.H. the Prince of Wales took the chair at the anniversary banquet of this institution on Wednesday. In proposing the toast of the evening, "Prosperity to the Earlswood Asylum," his Royal Highness referred to the blessings vouchsafed to its "strangely visited" inmates, and insisted on the fact that there were few cases of idiocy, still fewer of imbecility, which, if taken in time, and treated on the system practised at Earlswood, were beyond the reach of remedy. Most of the little patients were taught some handicraft, by which they became self-sustaining, and ceased to be a burden on the community. Supported by voluntary contributions, the Earlswood Asylum deserved as large a share of the public patronage as any charitable institution. The subscriptions in the course of the evening amounted to £4197, his Royal Highness subscribing one hundred guineas.

POLICE DIAGNOSIS.

A VERY bad case of death in a police-cell from fracture of the skull, mistaken for drunkenness, is reported in the *Birmingham Daily Post* of May 16th. The unfortunate victim was a cabman who came by his fracture by the overturning of his cab. He was seen by some gentlemen, who kindly released him, and, it seems, put him into his cab

to take him home. Having got about a quarter of a mile on the road, they were overtaken by a policeman, who dragged the poor cabman out of the cab and forced him on the box, saying he was drunk. The gentlemen warned the policeman that he was insensible from injuries, and not from drink. Nevertheless, to the police-cell he was removed, bleeding at the ears, charged with being drunk and incapable, to die in a few hours. Two hours before he died the surgeon was sent for. Captain Legrave said it was no part of the duty of a police officer to send for a surgeon, unless he considered the need imperative or the patient complained. It is difficult for a poor fellow whose skull is fractured, and who is insensible, to complain. But when gentlemen testify to injuries received and blood is flowing from the ears, and the police still act upon the stereotyped conclusion of "drunk," the case is certainly one for something more than the mild remonstrance of the coroner in this case.

THE BROWN TRUST.

IT was announced, some little time ago, that the Senate of the University of London were in treaty for a site at Battersea for the establishment of the Animal Sanitary Institution, under the will of the now celebrated Mr. Brown, but difficulties arose as to the title of the proposed site, and the negotiations in reference to the latter were therefore brought to a close. As the result of further inquiries, however, another site has been fixed upon, subject to legal approval, and it is hoped with every prospect of a successful treaty for it. The property is situated in Belmont-place, fronting the turnpike road from Vauxhall to Wandsworth, and within five minutes' walk of the Vauxhall Railway Station; and there are two houses, with stabling, upon it, forming a set of buildings much better adapted for the purposes of the projected institution than the site originally fixed upon, because they will be suitable for the residence of the superintendent and such subordinate officers as will probably be required, whilst at the same time the premises are properly sewered and convenient of access.

CHESHIRE COUNTY ASYLUM.

ON Monday, the 8th inst., the new County Asylum was opened at Macclesfield. Cheshire may well be proud of this addition to its charitable resources. It is calculated to hold about 700 patients; and, so far as it has been completed, it is fitted up with every appurtenance prescribed by modern science. It is built on the block system; four out of the twelve blocks being already set apart for patients; while an administrative block, for all purposes of management, with a grand recreation and dining hall, forms an admirable feature of the institution. The scenery in which it stands is most attractive and exhilarating; and every advantage has been taken of the surrounding soil in the matter of drainage and water-supply. The asylum is unusually fortunate in its medical superintendent, Dr. P. M. Deas, whose brilliant career at the Edinburgh and London Universities must be fresh in the recollection of our readers.

THE SEWAGE OF DUBLIN.

THIRTEEN diverse interests are arrayed against the Dublin Corporation's sewage scheme; the promoters of which must explain the facts, first, that the health of Dublin has of late years improved, instead of deteriorating (as they allege); and, second, that the scheme itself has been repeatedly altered, not only since it has been opposed, but since it has come before the House of Commons. Deliberation on the question must be prolonged, before plunging a city already so severely taxed into further, and probably indefinite, outlay. The Corporation scheme, we are sorry to learn, abandons all attempt at utilisation, and refuses to limit the massing together of the sewage of outlying townships and of large institutions, many of which might turn their sewage to profitable account on the lands adjoining them.

THE MURPHY ANNUITY FUND.

WE are given to understand that the Committee of this Fund are sanguine of raising the amount of money necessary to purchase a small annuity for Dr. Murphy, a large number of subscriptions, ranging from half a guinea to five guineas, having been already received. Those gentlemen who desire to contribute to the Fund are requested to send their donations either to Dr. Arthur Farre, 12, Hertford-street, W., or to the account of the Fund at the Union Bank of London, Regent-street Branch, Argyle-street, W.; and we have been asked to say that the Committee will be obliged if subscriptions are sent to those quarters alone.

THE LIVERPOOL SEWERS.

THE Town Council of Liverpool have appointed a special committee to inquire into an allegation made by Mr. Alderman Bennett against the Health Committee, to the effect that some of the worst sewers in the town were cleaned out in anticipation of the visit of Drs. Parkes and Sanderson. We venture to suggest that the Committee should be requested to publish the average amount of deposit it has been found necessary to remove by hand labour, and the cost of its removal.

MARLBOROUGH COLLEGE.

OF the eight deaths due to scarlet fever in Wiltshire last quarter, two are represented by the local *Times* as having occurred in Marlborough College. This is untrue. The Marlborough registration district, numbering nearly 10,000 inhabitants, had two scarlet fever cases which terminated fatally. Marlborough College, on the other hand, has not only been quite exempt from scarlet fever since the spring of last year, but has had no deaths, and very little sickness indeed.

THE GENERAL MEDICAL COUNCIL.

WE understand that the General Medical Council has been summoned for its annual session on Tuesday, July 4th next. Dr. Sharpey has been reappointed a member by the Privy Council. The duration of the session is of course uncertain, but it is to be hoped that legislation prior to that date may have the effect of lightening the labours of the present Council, and of stimulating the activity of its successor.

THE authorities of St. Bartholomew's announce a vacancy in the office of Lecturer on Mental Diseases at that hospital, created by the resignation of Dr. Thorne Thorne. Applications and testimonials must be sent in on or before Friday, June 9th. Information as to the duties of the office may be obtained by application to Mr. Morrant Baker, secretary to the medical school. The election of a surgeon to fill the vacancy caused by Mr. Paget's resignation will take place on the same day (June 9th).

THE Metropolitan Asylums Board have appointed a deputation to wait on the Vice-President of the Privy Council, to call his attention to the defective state of public vaccination in the metropolis, as indicated by the large number of unvaccinated children who have been, and are still being admitted into the small-pox hospitals.

DR. PANTALEONE, the distinguished Roman physician, who has returned with the Italian troops to his native city, has been most satisfactorily cleared of the charge brought against him by *The Tablet*, of complicity in the Fausti conspiracy. We had hoped that the persecution to which he had been subjected earlier in life was at an end, and that he would be allowed to pursue, unmolested, his valuable investigations into the origin and prevention of the fevers infesting Rome and its neighbourhood.

IN answer to a question put by Sir James Lawrence on Monday evening, the Chancellor of the Exchequer stated that, with reference to the licences to attendants on lunatics, the Commissioners of Inland Revenue were merely giving effect to the existing law. In institutions supported by the public no licences were required by the attendants on lunatics; but a licence must be taken out by every person attending on a lunatic as a s[illegible]

MR. CORDY BURROWS, of Brighton, is about to receive a testimonial, towards which £400 has already been subscribed. We hope that the subscription-list will not close until a yet greater sum has been raised to confer honour on a man who (according to the local *Gazette*) "has done more real good to Brighton than any other man of his generation."

A GRATUITY of twenty guineas has been voted by the Holborn guardians to Dr. Yarrow, one of the district medical officers of St. Luke's, in consideration of the extra duties which he has had to discharge in connexion with the small-pox epidemic.

THE Brazilian Government offers handsome remuneration to all duly qualified medical men who will go out to Buenos Ayres and assist in arresting the ravages of yellow fever there. At no time in history has the epidemic been so destructive.

AT a Court of the Governors, held at Guy's Hospital to-day, the staff was increased by the appointment of Dr. Pavy as physician. At the same time, Dr. Pye Smith was appointed assistant-physician.

THE *South London Press* again calls attention to the smoke nuisance arising from the Lambeth potteries. Is it really the fact that nothing can be done to put an end to this state of things?

WE are happy to state that Mr. Brady, M.P., has so far recovered from his late severe illness as to warrant the hope of his being able to resume his public duties in a few days.

THE published accounts of the metropolitan police force for the year ending 31st March last show that the medical expenses of the force during the year were £5605.

WE are authorised to state that Mr. Spencer Watson is not a candidate for the post of assistant-surgeon at St. Thomas's Hospital.

THE SMALL-POX EPIDEMIC.

PROGRESS OF THE EPIDEMIC.

THERE has been a marked decrease in the number of fresh cases of small-pox. Dr. Bridges reported that the weekly number had gone down from over 780 to 480. He observed that it would be dangerous at present to accept this evidence as a certain indication of decline, several great fluctuations having occurred previously. The number of fresh cases for the week ending May 13th was 540. The relief afforded by the *Dreadnought* and the diminished number of fresh cases have lightened the pressure on the small-pox hospitals, and for the first time since the commencement of the epidemic the accommodation is in excess of the demand; in fact, there is ample accommodation at all the hospitals. It is to be hoped that immediate steps will be taken to diminish the crowding at Stockwell and in the children's wards at Hampstead. The Metropolitan Asylums Managers have provisionally accepted an offer of five acres of land close to Battersea Park, but it is confidently hoped that it will not be necessary to use it. If further accommodation should be necessary it is important that some attention be paid to the requirements of Greenwich and Woolwich, from which unions some of the patients have been removed to Hampstead, a distance of from nine to sixteen miles.

The Registrar-General, in his report for the week ending last Saturday, says:—"Greater energy appears to have been shown in securing the more general adoption of the protective influence of vaccination; and the fatal cases of small-pox in London, which in the three previous weeks had been 276, 261, and 288, declined to 232 last week. In ten permanent and temporary hospitals for this disease 81 deaths were recorded last week, of which 36 and 16 occurred respectively in the institutions at Hampstead and Stockwell. After distributing these deaths among their proper districts, it appears that 23 deaths from small-pox last week belonged to the West group of districts, 64 to the North, 15 to the Central, 46 to the East, and 84 to the South. A decline was shown in each of these groups of districts, but it was most marked in North and South London. The greatest fatality from small-pox was shown last week in Somers-town, Shoreditch, Bethnal-green, Mile-end Old Town, Walworth, Bermondsey, Clapham, and Battersea; in the latter sub-district 13 of 33 deaths were referred to small-pox."

ISOLATION OF PATIENTS.

It seems to us perfectly useless for the medical officer of the Privy Council to urge the importance of isolating patients labouring under small-pox, if medical officers of health are permitted to refuse their authority and assistance in removing the patients to hospital. And yet this is occasionally the case. Dr. Gibbon, the medical officer of health for Holborn, refused to enforce the removal of a child from Richbell-court, Lamb's Conduit-street, and it was being treated in a house containing twenty-seven inhabitants, seventeen of whom are children. The court itself consists of eight ill-ventilated houses, with near upon 200 inmates. The sick child was located in the only bed belonging to the family—parents and five children,—and the mother is expecting every hour to be confined. Happily the magistrate had higher notions of sanitary expediency than the officer of health, and issued an order for the immediate removal of the child.

TENT HOSPITALS FOR SMALL-POX.

Dr. Barbour reports that the hospital marquees set up at Stockwell have been found to answer extremely well. Though the weather has been very cold from the prevalence of north-east winds, the temperature inside the tents has always been sufficiently high. At Homerton the tents have been used for the treatment of acute cases. They have answered perfectly, and the hourly record of the temperature shows that they are neither too cold by night nor too hot by day.

VACCINATION AT LINCOLN.

The Poor-law Board have informed the guardians of Lincoln that they were bound to provide a vaccination station other than the workhouse, and the guardians, instead of complying with the order, have appointed a committee to draw up an answer. We hope that the committee will think better of it, and advise the guardians to recede from their illegal position.

THE EPIDEMIC IN LIVERPOOL.

Small-pox in Liverpool is declining rapidly. The admissions to the parish hospital have gone down from 67 during the week ending April 29th to 28 for the week ending May 6th, whilst the number of fresh cases attended by the district medical officers declined during the same weeks from 37 to 19.

SMALL-POX IN IRELAND.

In Belfast, the principal centre where the disease has been prevalent, there were twenty-four cases of small-pox

in the Union Hospital for the week ending May 6th, three fresh cases having been admitted, and two having died during the week.

In Derry, the barque *Unanima*, from North Shields to New York, put back into Lough Foyle, owing to an outbreak of the disease on board; the vessel, however, has been put into quarantine, and the danger of small-pox spreading in that locality is comparatively slight.

A case has been imported into Drogheda, a sailor belonging to a schooner windbound having been put on board a river steamer and brought up to Waterford. This is a very bad case and has been removed to the separate ward prepared in the fever hospital for small-pox patients.

CHOLERA IN RUSSIA.

THE *Messager Officiel* gives the following details respecting the prevalence of cholera in Russia. The epidemic appeared at Moscow on the 12th of March, and from that date to the 4th of April, 15 cases occurred, of which 7 were fatal. On the 4th of April 35 cases occurred, and 12 deaths. From the 4th of April to the 14th, the number of cases was 71, and of deaths 52, making a total, from the 12th of March to the 14th of April, of 121 cases and 71 deaths.

Cases of cholera had also occurred at Cronstadt, at Pskow, and in the district of Maloyaroslavets (government of Kalonga). At Cronstadt, from the 30th of March to the 6th of April, 6 cases were reported, of which 3 were fatal. At Pskow, 4 cases and 1 death took place (two of the cases being treated in the provincial hospital, and two in the lazaret of the 5th Batt. of Infantry of Reserve) between the 30th of March and the 4th of April.

In the district of Maloyaroslavets there had occurred, in four villages, 9 deaths from cholera, all the patients being peasants who worked in a factory at Moscow, and who had returned to their villages suffering from the disease.

The following are the further official returns for St. Petersburg since our last report. (See THE LANCET, April the 28th.)

	Cases.	Recoveries.	Deaths.
April 6th.	58	61	29
„ 7th.	31	75	13
„ 8th.	33	57	15
„ 9th.	29	51	15
„ 10th.	23	10	19
„ 11th.	29	27	14
„ 12th.	47	48	14
„ 13th.	42	41	12
„ 14th.	48	38	8
„ 15th.	22	35	11
„ 16th.	32	31	8

Totals, from first appearance of cholera, August 29th, 1870, to April 16th, 1871 (inclusive): cases, 4304; recoveries, 1933; deaths, 1719.

THE VACCINATION COMMITTEE.

THE House of Commons Committee on Vaccination have closed the taking of evidence, and it is hoped that their report will be presented in time for legislation this session. We can have no doubt as to the result. The evidence given by the anti-vaccinationists did not deserve the name, and whenever their statements could be examined closely the case invariably broke down. The wild assertions that the fatality of small-pox has diminished, that it does not affect the general mortality, that vaccination produces diseases of the teeth, scrofula, consumption, &c., can have no effect upon the Committee, and we shall be surprised indeed if the array of facts and statistics adduced by Mr. Simon and Dr. Seaton do not enable its members to pronounce most distinctly on the desirableness of enforcing the operation, so far as it can be done without making martyrdom so notorious as to defeat the very object sought for.

It may be thought by some that the remote possibility of communicating syphilis should induce the Committee to relax compulsion; but we hope that this infinitesimal contingency will not be allowed to stand between the infant and the positive danger of small-pox, to which, if unvaccinated, he will certainly be exposed, and from which the chances of recovery are small.

Correspondence.

"Audi alteram partem."

THE CONSTANT CURRENT IN THERAPEUTICS.

To the Editor of THE LANCET.

SIR,—An incident which occurred at the last meeting of the Clinical Society appears to me sufficiently important to make it desirable that those who are seriously studying therapeutics in this country should appeal to the English profession against a singular and very discouraging prejudice which appears still to prevail, and for which there is really no reasonable ground whatever. On the occasion of some papers being read by Dr. Buzzard and myself, on the treatment of neuralgia by the constant current, Dr. Gull, the President, interfered, with the whole weight of his official position, to persuade the Society that the electrical treatment of neuralgic pain was in the unsatisfactory position of lacking any scientific basis; and, in fact (as he expressly suggested), was comparable to the exploded method of treatment by "Perkins's metallic tractors." He justified this statement by a reference to some "elaborate researches" of his own, made some twenty years ago, in the course of which he arrived at the conclusion that electricity had no positive and reliable therapeutic powers, and that if the constant current more frequently seemed to do good than faradisation, it was really because it produced less morbid disturbance, and did less harm than the latter.

I shall avoid the personal aspects of this discussion, for the scientific question at stake is far too serious to be mixed up with private feeling. I feel it a duty to protest, in the strongest manner, against the disparaging mention by Dr. Gull of a remedy as to the great value of which scientific Germany may be said to be practically unanimous, although there are differences of opinion on points of detail. Those who have not had the time or opportunity to follow the course of scientific investigation on this subject must be informed that researches made "twenty years ago," whatever their intrinsic value, have decidedly no bearing on the effects of the "constant" current, as that word is now applied; for at that time no apparatus existed (at any rate in this country) by means of which an electric current could be applied with "constancy," within the modern meaning of the term. It was to Remak, principally, that the merit was due of insisting upon the necessity of working with apparatus the current from which is delivered with approximate evenness of tension. Unfortunately for medical science, Remak, incensed at the obstinacy with which Duchenne maintained the superiority of faradisation for all purposes, went so far as to deny the virtues of the latter process almost entirely, and thus it happened that electro-therapeutists were, to a large extent, ranged into two hostile camps, each ignoring the facts of the other with singular perversity. But for some years past a better spirit of investigation has prevailed; and before Remak's premature death, in 1866, it was fully recognised that although his statements might have been somewhat exaggerated, we possessed, in the constant current, a new and peculiar therapeutic agent of extraordinary power. The amount of patient labour which has been given to these investigations in Germany is such as puts English physicians to shame by contrast with their almost universal supineness; and it is simply inexplicable that a leader in the English medical profession should attempt to commit a body like the Clinical Society to the expression of a supercilious incredulity which must be the result of an entire unfamiliarity with the facts worked out with such patience and self-denying devotion by our continental *confrères*. Those English physicians who have worked at the subject with due attention to what has been done abroad, have, I imagine, not the smallest doubt that the therapeutics of pain have passed into a new epoch during

the fifteen years which have witnessed the gradual development of scientific knowledge respecting the action of the constant current. They are well aware that that knowledge still lacks much of the precision to be desired and hoped for; but they are none the less convinced of the main facts. And if I am to judge their sentiments by my own, they must feel a positive humiliation when they listen to dogmatic assertions by a prominent English physician, which imply that the learning and the patient labour of such men as Remak, Clemens, Ziemssen, Benedikt, Rosenthal, Fliess, Tobold, Eulenburg, Meyer, &c., ought to be counted as nothing, because their results do not agree with those obtained by a solitary English observer, working in the infancy of electro-therapeutics, and with instruments that must necessarily have been inadequate to decide the question.

It is, no doubt, the misfortune of medical electricity to have been horribly bequacked, and this has raised a prejudice against it for which there was, in the first instance, much justification. But it is prejudice of an unworthy kind, not prudent scientific scepticism, that is displayed by the man who is incapable of seeing (amidst all the false issues raised by impostors who hang round the skirts of a great inquiry) that there is such a thing as real evidence, based on serious investigation, and that there comes a moment when the cumulative weight of such evidence is so great that those who refuse to hear it with respect only thereby condemn themselves. I appeal with confidence to the judgment of scientific Europe to say whether that moment has not fully arrived in the case of medical electricity, and especially in regard to the use of the constant current to relieve pain.

I am, Sir, yours faithfully,

Wimpole-street, May 17th, 1871. FRANCIS E. ANSTIE.

LOCAL GOVERNMENT AND SANITARY REFORM.

To the Editor of THE LANCET.

SIR,—You have done good service to the cause of Public Health in directing attention to certain questions raised by comparing the Report of the Sanitary Commission with the Local Government Bill introduced by Mr. Goschen and now withdrawn by the Government.

If I venture to differ from some of your conclusions, it is with the hope of persuading thoughtful sanitarians to look carefully before they urge the immediate adoption of any specious measure, not fully considered.

As you truly say, provisions for disinfection, ambulances and hospital- or tent-accommodation, in contagious epidemics, might be enforced by summary legal process in emergencies, without a revolution in the local government of the country. But no one, well-informed in matters of provincial administration, could admit that every petty local or parochial authority—called in Mr. Goschen's Bill a "Sanitary Board"—having under it a population of 3000 and upwards, ought to be compelled, or even empowered, to appoint one or more officers of health, as proposed in the Report of the Commission.

Those who call for the immediate *compulsory* appointment of medical health officers, *by such authorities*, really do not know what they are about. A measure of this kind would inevitably encourage local jobbery, confirm the power of inferior patronage, crush independent scientific inquiry, obstruct sanitary progress, and ultimately depress the status of the medical officers themselves. The fact is, we are not yet prepared for the compulsory appointment of officers of health. Various important conditions and pre-requisites must first be settled. Authorities competent to select such officers are not yet in existence. I regret to find that the Sanitary Commission does not propose that any such authorities should be constituted.

But Mr. Goschen's Bill contained two great principles, which deserve vigorous support by all friends of administrative reform: (1) the establishment of a *Central Board*, with comprehensive jurisdiction (and of certain defects in the Bill on this head it is unnecessary for me to write at present); (2) the formation of proper *county authorities*; and I hope to secure your advocacy of this most desirable reform before the measure is again proposed in Parliament.

A good county board, elected partly by the justices and partly by parochial representatives, with the addition, perhaps, of a few selected members, would be an institution of incalculable benefit to the country. Numerous and highly important functions, in aid of efficient and economical local management, might be committed to boards of this wide jurisdiction. The vexed question of health officers would be immensely simplified. Many other necessary reforms would be facilitated. We should then possess an instructed and a comparatively independent authority for all higher purposes in every county. Reformers, social and sanitary, would be in a safe position to press for various compulsory measures, which, however necessary, cannot at present be carried into effect for lack of competent administrators. If only one step can be taken at a time, let that be a safe step, not leading to subsequent slips and failures. The question of sanitary districts and officers might very advantageously be deferred until after central and county authorities shall have been constituted.

I am, Sir, yours &c.,

Cheltenham, May 13th, 1871. H. W. RUMSEY.

THE SECOND READING OF "THE LANCET" BILL.

To the Editor of THE LANCET.

SIR,—I would suggest to and urge every reader of THE LANCET and all well-wishers to the profession, to write strongly to the M.P. of their locality, to whom they have given their support (cutting out at the same time and enclosing the annotation on the subject in THE LANCET of the 13th instant), and ask him to support the second reading of THE LANCET Bill, than which none can be better if we wait ten years for it.

I am, Sir, your obedient servant,

Wexford, May 15th, 1871. C. J. DENNY.

P.S.—There is no time to be lost, as the second reading comes on by the 14th of June.

SMALL-POX IN SOUTHAMPTON.

(FROM A CORRESPONDENT.)

THE lull in the epidemic has reduced the death-rate for the week ending May 13th to 14. This has given such satisfaction to the Town Council that it has decided not to place tents on the common, but to wait until circumstances compel it. A double military hospital tent, affording accommodation for nine patients, was pitched in the cattle-market on Saturday, and the medical men of the town were invited to visit it, and give their opinion. Seven only attended, of which number four objected to its use on account of the coldness of the weather. Probably their opinion assisted the Town Council in its decision. The number of fresh cases reported during the week has risen to 118, and this number was sent in by only eight medical men. The total number of cases reported from January 1st to the end of last week is 1041, and these the Sanitary Committee have attempted to disinfect by sprinkling carbolic acid about the room, and leaving a bottle of it; but the smell is so much objected to that the sprinkled places are quickly washed, and the bottle put into the yard.

The guardians have carried out only one of the recommendations of the inspector from the Privy Council. They have opened the stations four days a week instead of two. On Saturday they received a note from the Privy Council, most peremptory in its tone, requesting to know why their recommendations had not been carried out. This note will be considered at the next meeting of the board on Thursday.

Scarcely any revaccinations are now performed. The poor people, with the small-pox in their houses, resolutely refuse. From several causes they imagine that vaccination produces small-pox. They point to numbers who, having postponed the operation until they felt unwell, have, a few days afterwards, been struck down, and died from small-pox. A medical brother, too, has not mended matters by the issue of a handbill which describes the course and appearance of a primary vesicle, adding that any other

appearance shows that good lymph has not been used, and that the person is not protected. It further states that large numbers of persons have been afflicted with diseases through the usage of impure lymph.

Our present prospect of stamping out the disease is not encouraging.

NEWCASTLE-ON-TYNE.

(FROM OUR OWN CORRESPONDENT.)

SMALL-POX AT NEWCASTLE.

IN my last letter I reported an apparent arrest of small-pox in Newcastle, as up to that time the cases were scattered and not very numerous. Since then, however, particularly in the last week, we hear and see more of the disease, and there can be no doubt but it is assuming the importance of an epidemic. The town is posted over with placards urging the importance of cleanliness and disinfection, and, above all, of vaccination. At the last meeting of our board of guardians thirty-one cases were reported as existing in the union; but these numbers bear a small proportion to the number of private and unreported attacks.

SMALL-POX AT GATESHEAD.

The magistrates here have been occupied by a charge of unlawfully exposing a small-pox patient, which was brought before them on the 12th inst. The offender, an ignorant, poor woman, was let off without a fine, but with a caution to her and the public as to the danger of this offence. In reply to some questions from the bench, Dr. Newcombe said he had attended some seventy cases in Gateshead since the epidemic broke out, and that, in his opinion, a great many of the patients would have been willing to remove from their homes provided a proper convalescent house and garden were set apart for them. The Mayor said they would get something of the sort established immediately.

Newcastle-on-Tyne, May 17th, 1871.

NOTES ON PARIS AMBULANCES.

(FROM OUR SPECIAL CORRESPONDENT.)

SINCE my appointment as "chef de service" in these ambulances I have been favoured with special opportunities for collecting information about the different ambulances at work in Paris.

During the siege, the French War Office authorities built the twenty-one large and five or six other huts which form what is called the Ambulance du Rond, Point de Longchamps, at Passy, and not in the Bois de Boulogne, as generally supposed.

The space is ample, and free from all disagreeable neighbourhoods. The War Office, finding itself unable to finish off the buildings, still less to provide them with the necessary staff, &c., appealed to the Committee of the Ambulance de la Presse, who came to its aid with their accustomed zeal and promptitude.

The Ambulance Committee had hardly completed the fittings, and brought in the requisite number of beds, than they were called on to fill them up with some 400 wounded, picked up by their own "flying column" (a movable section which came into play at the seat of action) during and after the sortie of January 19th.

The statistical bureau has just favoured me with a rather diffuse account of their doings. I will just quote what seem to me the more interesting figures—namely, those relating to the number of wounded, &c., who have passed through their hands at Longchamps.

PRUSSIAN SIEGE.	
Wounded picked up January 19th	163
Ditto, admitted up to April 19th ...	909
Died from January 19th to April 19th ...	135
Dismissed (cured or convalescent) during the same interval	343
Remaining in the wards on April 19th ...	594
CIVIL WAR.	
Admitted from April 19th to May 11th ...	433
Died from April 19th to May 11th	99
Left (cured or convalescent)	453
Remaining in the wards on May 11th ...	575

Another curious item is the number of dead bodies brought to the Longchamps Pavilions—viz., 235. Although the present troubles date from March 18th, the Press Ambulances did not begin to receive the wounded National Guards till towards April 19th, the permanent hospitals having first been filled up.

Paris, May 12th, 1871.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on May 16th and 17th:—

Allen, Patrick J., L.R.C.P., Mullingar, Co. Westmeath.
Atkinson, Alfred J., L.R.C.P. Edin., Kew-green.
Blaker, Walter C., L.S.A., Crawley, Sussex.
Bovill, Edward, James-street.
Collins, H. W., L.S.A., Wrington, Somersetshire.
Cory, Robert, Carlisle.
Cottle, Ernest Wyndham, Southampton.
Drake, Cecil, St. Ives, Corowall.
Edmundson, Thomas R., L.S.A., Masham, Yorks.
Ewart, John H., Upper Norwood.
Furner, Willoughby, Brighton.
Horsford, Joseph A., Penzance.
Iredell, Chas. L. M., L.R.C.P. Edin., L.S.A., Cheltenham.
Johnson, William M., Valparaiso.
Johnston, John, Newcastle-on-Tyne.
Jones, Hugh Thomas, Gaerwen, North Wales.
Kendall, Walter B., Stratford-on-Avon.
King, Aloysius J., Bath.
Law, William Thomas, L.S.A., Edinburgh.
Ling, John Mitford, L.S.A., Saxmundham.
Lloyd, William, M.B., Carmarthen.
Mayer, William Lewin, Highgate.
Morris, Richard T., Rochdale.
Newington, Herbert F. H., Ticehurst, Sussex.
Norbury, Thomas W., Maccle-field.
Nunn, Philip W. G., Caversham-road.
Powell, Lionel L., L.R.C.P. & L.M. Edin., Melton Mowbray.
Rouse, Ezekiel, L.R.C.P. Ed., Bradworthy, North Devon.
Simon, Arthur Charles, L.S.A., Jersey.
Smith, George A. C. V., St. Mary's-terrace.
Stevens, Mordaunt A. de B. C., M.D., Paris.
Thorpe, Lewis, L.R.C.P. & L.M. Edin., Walsall.
Trent, Thomas, Lower Tooting.
Waldo, Henry, M.B. Aberd., Clifton, Bristol.
Whistler, W. M'Neil, M.D., Brook-street.

Sixteen other candidates were examined, but failed to satisfy the Court, and were referred back to their hospital studies for a period of six months.

For the primary examination for the Fellowship of the Royal College of Surgeons of England there are nearly seventy candidates, a number greatly in excess of any previous year.

(In the primary examination list of the Royal College of Surgeons published last week, the name "C. C. Watson" should have been "C. C. Walter.")

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on May 11th:—

Currie, George, Madras Presidency, India.
Iredell, Charles L. M., Cheltenham.
Moore, Samuel Wm., Kennington.
Stuart, Henry Ward, Woolwich.
Thorpe, Lewis, Walsall.

The following gentlemen also on the same day passed their first professional examination:—

Brittin, F. G. M., London Hospital.
Willis, George, St. Bartholomew's Hospital.

COLLEGE OF PHYSICIANS, IRELAND.—At examinations held on May 10th and 11th the following gentlemen obtained the licences in Medicine and Midwifery:—

MEDICINE.—Samuel Caldwell, Jas. Donovan, William Donovan, William Berkeley Drew, Francis William Segrave, John Warnock.

MIDWIFERY.—Samuel Caldwell, Timothy Crowley, Jas. Donovan, William Donovan, William Berkeley Drew, Albert Charles Quecly.

ROYAL COLLEGE OF SURGEONS OF IRELAND.—At the quarterly examination held on April 19th the following passed their preliminary examination in Arts:—

FIRST CLASS.—Thomas Gaffney.
SECOND CLASS.—John Dillon, Michael Callanan, John S. Hayes.
THIRD CLASS.—Robert F. Dodrickson, John Dickson, Mansergh Duke, John F. Dunne, Frederick Eagar, David E. Flinn, John J. Hamilton, Martin Hanley, George Hodgson, William J. Kenny, Thos. Knox, John Rolands, John J. Rowayne, Chatterton J. White.

UNIVERSITY OF GLASGOW.—Mr. Allan Walker, Scotland, was admitted on the 11th inst., to the degrees of M.B. and C.M.; and Mr. John Murray, Scotland, to the degree of M.B.

SIR JOHN HERSCHEL, who died last week, will be interred to-day (Friday) in Westminster Abbey in the presence of many scientific and literary celebrities.

METROPOLIS WATER SUPPLY.—Mr. Bruce stated in the House of Commons on the 11th inst., that he hoped, in the interests of the poor of the metropolis, to be able to pass the Metropolis Water-Supply Bill this session.

GRAEFE'S SUCCESSOR.—Prof. Schweigger, a pupil of the late eminent ophthalmologist, has just been appointed to succeed Graefe at the Charité Hospital of Berlin. Dr. Schweigger had hitherto occupied a chair in Zurich.

M. GUSTAV BISCHOF has been appointed to the "Young" chair of Technical Chemistry in the Andersonian University at Glasgow. M. Bischof is son of the late Professor of Chemistry at Bonn, and well known as the author of "Chemical Geology."

THE Royal Medical Benevolent College held its annual meeting on Wednesday, when a highly satisfactory report was read. The balance-sheet showed a balance of £361 9s. 6d. in hand up to December 31st, 1870; the yearly subscriptions having been nearly up to the average, and the life donations better than those of 1869.

SMALL-POX is reigning epidemically in Berlin, and the huts which had been run up during the war have been taken down to be erected again in another locality and to serve as small-pox infirmaries. The disease is also reigning in Chemnitz, where the protecting power of vaccination has been clearly manifest.

THE Pharmaceutical Society of Great Britain held its annual *conversazione* on Wednesday evening, in the South Kensington Museum. A brilliant company, numbering about 3000, thronged the spacious halls and galleries, and during the evening Mr. Dan Godfrey's band performed a fine selection of music, while the Orpheus Glee Union entertained a select party in the theatre.

ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—The next meeting, being the last of the session, will be held this evening (Saturday), at 7.30. Dr. Ballard will read a short paper on "The Interment of Still-born Children," and Dr. Letheby will read a paper on "The Quality of the Water Supply of some of the large Cities and Towns of England, in relation to their sanitary condition."

POOR-LAW MEDICAL RELIEF (ENGLAND).—We understand that Mr. F. S. Corrance, M.P. for East Suffolk, has decided to proceed forthwith to Ireland for the purpose of studying the working of the Medical Charities Act, more especially in the rural districts, with the view of determining what modifications (if any) would be necessary prior to the introduction of a similar measure in this country.

GRAND FANCY BAZAAR.—The Bazaar in aid of the National Hospital for Consumption, Ventnor, that was held last week at his Grace the Duke of Wellington's Riding-school, Knightsbridge, under the patronage of the Princess of Wales, the Princess Louise, and numerous members of the aristocracy, was attended by his Royal Highness Prince Arthur, and many of the nobility. The holders of the stalls comprised Lady Alfred Churchill, Lady Alfred Paget, Lady Buckhurst, the Hon. Miss Shaw Lefevre, Lady Selwyn, Mrs. Baillie Cochrane, Mrs. Boutein, Mrs. Buckley, &c. The band of the Royal Horse Guards attended, and the whole affair was a great success. We are glad to learn that over £1000 was realised for this most excellent institution.

BEQUESTS, DONATIONS, &c.—The Rev. C. Floyer bequeathed £1000 to the Staffordshire Infirmary. The Birmingham General Hospital has become entitled to £500 under the will of Thomas Biddle, Esq., of Fillongley. The Misses Dunbar, of Banbridge, have bequeathed the sum of £300 towards the funds of the Hospital for Incurables, Dublin. Messrs. Bolitho have given £150 towards the proposed infirmary at Penzance. "J. H." has given £100 to the London Hospital. The Essex Hall Asylum for Idiots has received a legacy of £100 (less duty) under the will of Miss Shorting.

Medical Appointments.

BAKER, B., M.R.C.S.E., has been appointed Medical Officer for the North District of the Parish of St. George-in-the-East, Middlesex.

BARRETT, F. J., Major Associate of the Pharmaceutical Society, has been appointed Dispenser to the South Staffordshire General Hospital, Wolverhampton, vice Mr. T. Weaver, resigned.

BRUCE, J., M.B., has been appointed Assistant-Surgeon 1st Administrative Brigade Orkney Artillery Volunteers, vice Rendall, deceased.

CALANTARIENTS, J. A., M.R.C.S.E., has been appointed House-Surgeon and Secretary to the Scarborough Dispensary and Accident Hospital, vice G. Millson, L.R.C.P.L., who was elected, but de-lined the appointment, having been appointed Assistant Medical Officer to the Middlesex Lunatic Asylum, Colney-hatch.

ELLIS, J. J., L.R.C.S.Ed., has been appointed Medical Officer for District No. 8 of the Thingoe Union, Suffolk, vice George King, M.R.C.S.E., resigned.

EWEN, A. B., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for No. 10 (B) District of the Wisbeach Union, vice Wm. J. Hodgson, M.D., M.R.C.S.E., resigned.

HANSON, W., L.R.C.P.Ed., L.R.C.S.ed., has been appointed Medical Officer for the Presteigne Union, Radnorshire, vice Andrew Dyer, M.R.C.S.E., resigned.

HEMINGWAY, E. V., M.R.C.S.E., has been elected Medical Officer for the Deddington No. 2 District of the Woodstock Union, vice J. T. Morris, M.D., M.R.C.S.E., deceased.

HILL, A., L.D.S. R.C.S.E., has been appointed a Dental Surgeon to the Dental Hospital of London, vice R. Hepburn, L.D.S. R.C.S.E., resigned.

JENNINGS, F. C., M.R.C.S.E., has been appointed Medical Officer for the Chevet, Sandal-Magna, and Walton Districts of the Wakefield Union, vice W. S. Wade, L.R.C.P.Ed., L.F.P. & S. Glas., resigned.

LANGFORD, Mr., has been appointed Resident Medical Officer to the Norwich Dispensary, vice R. J. Andrews, M.R.C.S.E., resigned.

LOTTI, Mr. C., has been appointed Surgeon-Dentist to the St. George (Hanover-square) Dispensary, Mount-street, Grosvenor-square.

MADDLEY, E., M.R.C.S.E., has been appointed Resident Medical Officer to the Royal Portsmouth, Portsea, and Gosport Hospital.

MATHEWS, J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Tullyvin Dispensary District of the Cootehill Union, Co. Cavan, vice W. Stewart, C.M., resigned.

NICHOLSON, W., M.D., L.R.C.S.Ed., has been appointed (temporarily) Assistant Medical Officer to the Stockwell Fever Hospital.

PHILLIPS, H. H., M.B., L.R.C.S.I., has been appointed Medical Officer for the Caversham District of the Henley Union, Oxfordshire.

RESTON, H., L.R.C.P.L., M.R.C.S.E., has been appointed Physician's Assistant at the Royal Infirmary, Manchester, vice Gordon.

ROE, W., M.D., F.R.C.S.I., has been elected Examiner in Midwifery and Diseases of Women and Children to the Royal College of Surgeons in Ireland.

SHORTER, H. G., M.R.C.S.E., has been appointed Medical Officer to the No. 2 District of the Coventry and Warwickshire Union, vice C. E. V. Goate, M.D., deceased.

STURRY, H. G., L.R.C.P.Ed., M.R.C.S.E., has been reappointed (at an increased salary) Medical Officer and Public Vaccinator for part of the Wisbeach St. Mary District of the Wisbeach Union.

SUTCLIFFE, G. G. A., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the South District of the Parish of St. George-in-the-East, Middlesex.

THOMSON, E. B., M.B., C.M., has been appointed House-Surgeon and Apothecary to the Essex and Colchester Hospital, vice W. F. Johnson, M.R.C.S.E., resigned.

THOMSON, J. R., M.D., M.R.C.P.I., has been appointed a Physician to the Bournemouth Dispensary, vice W. M. Buralam, M.D., F.R.C.P.I., resigned.

TIBBITS, W., L.D.S. R.C.S.E., has been appointed Honorary Surgeon-Dentist to the Leicester General Infirmary.

WATLING, J. W. H., M.R.C.S.E., has been appointed Medical Officer for the Childwall District of the West Derby Union, vice R. Pigg, M.R.C.S.E., deceased.

WILLCOX, R. L., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer for the Longbridge Deverill District of the Warminster Union, Wilts.

WILTON, J., L.R.C.P.Ed., has been appointed Medical Officer for the Sutton and Cheam District of the Epsom Union, Surrey, vice Clarke, resigned.

WOOD, T. O., L.R.C.P.Ed., M.R.C.S.E., Medical Superintendent of Dunston Lodge Asylum, near Newcastle-on-Tyne, has been appointed Lecturer on Psychological Medicine in the Newcastle College, Durham University, vice Dr. Hugh Grainger Stewart, Medical Superintendent of the Newcastle Borough Asylum, Cox Lodge, deceased.

WYKES, E., M.R.C.S.E., has been appointed Medical Officer for the Fontmell District of the Shaftesbury Union, vice W. H. R. Bennett, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

BOND.—On the 17th inst., at Parliament-street, the wife of T. Bond, F.R.C.S., of a daughter.

CONSTABLE.—On the 15th inst., at Lambeth-terrace, Lambeth-road, S.E., the wife of Joseph J. Caffry Constable, M.D., of a son.

GRIFFITHS.—On the 11th inst., at Swansea, the wife of T. D. Griffiths, M.B., of a son.

HARRISON.—On the 14th inst., at Ablewell-street, Walsall, the wife of A. J. Harrison, M.B., of a daughter.

KERBEY.—On the 13th inst., at Weobley, Herefordshire, the wife of W. H. Kerbey, M.R.C.S., of a son.

LAND.—On the 13th inst., at Exmouth, Devon, the wife of Wm. J. Land, M.R.C.S.E., of a daughter.

STEPHENS.—On the 11th inst., at Ilminster, the wife of Dr. Stephens, of a son.

WAY.—On the 5th inst., the wife of Frederick Walter Way, M.R.C.S., of St. George's-square, Portsea, of a daughter.

MARRIAGES.

FRANKLIN—WATSON.—On the 5th ult., at Byculla, Bombay, B. Franklin, M.R.C.S.E., Assistant-Surgeon Bengal Army, to Harriette Sarah, daughter of J. F. Watson, Esq.

STEVENSON—EVANS.—On the 11th inst., at St. Mary's, St. Neots, Wm. Stephenson, M.R.C.S.E., of Beverly, to Harriet Emma, daughter of John Jewel Evans, Esq.

DEATHS.

ANDERSON.—On the 13th inst., Alex Dunlop Anderson, M.D., F.R.C.S.E., F.F.P. & S. Glas., of St. Vincent-street, Glasgow, aged 77.

BRUCE.—On the 8th inst., Dr. G. D. Bruce, Resident Medical Officer, Royal Infirmary, Dundee.

HAWKINS.—On the 12th inst., E. W. Hawkins, M.R.C.S.E., of Bexley-heath, Kent, aged 28.

HILDIGE.—On the 14th inst., James G. Hildige, L.K.Q.C.P.I., F.R.C.S.I., M.R.C.S.E., of Upper Merrion-street, Dublin.

POLLARD.—On the 23rd ult., at George Town, Demerara, British Guiana, J. H. Pollard, M.R.C.S.E., aged 50.

SPRAGUE.—At Liverpool, Chas. G. Sprague, M.R.C.S.E., son of C. Sprague, M.R.C.S.E., of Kimbolton, aged 30.

BOOKS ETC. RECEIVED.

Mr. Smith on the Surgery of the Rectum.
Mr. Davies on Meteoric Theories.
Dr. Murray on the Rapid Cure of Aneurism by Pressure.
Dr. Dillnberger's Handy-book of the Treatment of Women's and Children's Diseases.
Mr. Rollwyn on Astronomy Simplified for General Reading.
Dr. Lindsay on the Physiology and Pathology of Mind in the Lower Animals.
Dr. Gillespie on Resection of the Wrist-joint.
Mr. Mansill: Six Titles in Natural Law.
Dr. Duhring on the Study of Dermatology.

Medical Diary of the Week.

Monday, May 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, May 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Rev. Prof. Haughton: "Principle of Least Action in Nature."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Elam, "On Partial Acute Idiopathic Cerebritis." — Mr. L. S. Little, "On Subcutaneous Section in Bony Anchylosis of the Knee-joint."

Wednesday, May 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, May 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operation, 3 P.M. Lithotrity: by Mr. Teevan.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Sound."

Friday, May 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. A paper by Dr. Meadows."—Mr. Holthouse, "On some Cases illustrating the Treatment of Hernia temporarily irreducible." — Dr. Bäumler, "On Cases of Partial and General Idiopathic Pericarditis."
ROYAL INSTITUTION.—9 P.M. Prof. Rankine, "On Sea-waves."

Saturday, May 27.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Lockyer, "On the Instruments used in Modern Astronomy."

Notes, Short Comments, and Answers to Correspondents.

SANITARY CONDITION OF GERMANY.

OF course the rush of tourists to Germany this season will be greater than ever, now that the Fatherland has become the object of so much admiration, curiosity, and even (to alarmist politicians) fear; and now that France is practically disorganised, and neither cheap nor safe as a scene of sojourn. Attempts (interested or not, we cannot say) have been made to deflect the current of travel into other channels by representing the towns of Germany, especially in the Rhein-Gau, as infested with disease, from the numerous hospitals located among them, and the transport of the sick and wounded. These representations, as the several German Governments have authorised their physicians to show, are "founded on mere invention"—Bavaria, Würtemberg, Baden, and Hesse being pronounced by their most distinguished medical men, such as Scanzoni, Bamberger, Franqui, Ehrhardt, Friedreich, and Kussmaul, to be free from infectious or epidemic disorders; the small-pox, which had spread from the French prisoners to a few of the civil population, having all but disappeared. Prussia in particular is singularly sound in a sanitary point of view. According to Dr. Frerichs, the eminent physician of Berlin, there is less reason to be apprehensive of disease, infectious or epidemic, there than in any other part of Germany; while as to the railway carriages, they have never been used for the transport of the sick and wounded, but special ambulance trains composed of goods carriages, which have been vigilantly disinfected after each occasion on which they were employed. Lay testimony confirms professional on this point. Dr. Norman Macleod writes from Ems that the town was never healthier, and that all the hospitals open during the war have for several weeks been closed. Indeed the only danger to health in such places will be from overcrowding—a condition for which, we think, the tourists will themselves be most responsible.

A Constant Reader is informed that our criticism includes medical, not financial, topics.

Mr. James C. Adams's paper shall be inserted next week.

SMALL-POX AND VACCINATION.

To the Editor of THE LANCET.

SIR,—Perhaps a few remarks upon the above subject may be of some interest now that small-pox is amongst us.

For the last three months small-pox has been raging epidemically in the town and neighbourhood of Llanfyllin, and several cases have come under the immediate notice of my father and myself, showing, I think, the great value of vaccination. The disease has attacked the vaccinated as well as the unvaccinated, but with these great differences.

1st. Those who have been *revaccinated* since the outbreak of the present epidemic seem to be, as it were, proof against small-pox, although many of them have been exposed to its influence more than other people, for, feeling safe, they have mixed more with the disease. There has not fallen under our notice during the present epidemic an instance of a revaccinated person being attacked with small-pox.

2nd. Those who have been well vaccinated *once* in the course of their lives. A great number of these have had the disease; but all have had it in its mild form, "distinct," and have recovered, and, as far as our experience goes, without one exception. Some have had it much heavier than others, depending most likely upon the length of time elapsed since vaccination was performed; for people in years who have not been vaccinated since infancy, and upon whom the vaccine virus had to some extent lost effect, had the disease in the distinct form, but heavier than children, whose systems are more under the influence of vaccination, less time having elapsed since they were done.

3rd. Those who have *never* been vaccinated have had the disease in its worst form, confluent, and so heavy that their blood seemed so saturated, if I may use the term, with the poison as to leave no chance of recovery, no matter what was done for them. The majority of these cases proved fatal, in spite of every kind of treatment. Towards the end, typhoid symptoms set in, and the patients died from exhaustion. This class included strong, healthy men, all of whom died, excepting one; women and children, very few of whom recovered. One unvaccinated patient, a child aged thirteen years, has the disease in its distinct form, and seems in a fair way of recovery.

The above remarks have been drawn from cases which have fallen under the immediate notice of my father and myself during the last three months, and, I think, plainly show that vaccination is of the greatest value; not that it completely shields one from small-pox, although no revaccinated person has had the disease as yet, but that it renders the vaccinated subject less liable to the disease, and if he does take it, has it in its mild form.

Hoping the Vaccination Act will be better carried out in rural districts,

I am, Sir, yours faithfully,

Llanfyllin, May 10th, 1871. J. T. JONES, M.R.C.S. Eng.

Inquirer.—The answer must partly depend upon the status of the practitioner and upon the value of his time. A physician or a general practitioner making more than £1500 a year might fairly charge 100 guineas; but a general practitioner making less than £1500 a year might render the service described for 50 guineas, travelling expenses being also charged in both cases.

Eboracis.—There is nothing in THE LANCET Bill to interfere with the use of such a title. Its registrability would depend on the will of the Medical Council.

Mr. John Broom is thanked for his exertions. The point shall not be lost sight of, though, perhaps, it is one of detail more proper to be considered in Committee than on the second reading.

POLICE SANITARY OFFICERS.

THE Thirteenth Report of Her Majesty's Inspector of Constabulary of Scotland, just issued as a parliamentary paper, mentions the fact that officers of the police force have in many places been appointed sanitary inspectors under the Public Health (Scotland) Act. Colonel Kinloch is of opinion the police can advantageously undertake duties of this kind in burghs, but not in counties, as the beats are extensive, and the police have as much to do as they can well perform. Whether or not police officers, as a rule, would make good subordinate sanitary officers is a moot question; but when we read of a chief constable being appointed sanitary inspector "for six towns and parishes in different parts of his county," we can have no hesitation in condemning what must inevitably result in an unsatisfactory performance of either the police or the sanitary duties, or both, on the part of the chief constable referred to.

THE ORIGIN OF THE SMALL-POX EPIDEMIC.

To the Editor of THE LANCET.

SIR,—While the public are interested in the discussion of subjects connected with the recent epidemic of small-pox in Europe, will you permit me to offer a few remarks on a point in the history of the epidemic which seems to me to have hitherto been overlooked. It is a characteristic of small-pox, as of cholera, to afflict a population in periodical visitations. In India, where the great bulk of the population are to this day unvaccinated, epidemic small-pox pursues its natural course unchecked, and in most instances unmolested. We have therefore, unfortunately for the well-being of the people, opportunities of studying the natural laws of small-pox on a somewhat extensive scale, and the results of such study I will here briefly summarise.

An epidemic, then, as it affects this part of India, first shows itself in force in the northern districts, which are contiguous to Bengal, and I infer from this fact that the population of Lower Bengal (a population which to this day loves to propagate the disease by inoculation) plays an important part in the world-wide distribution of small-pox, as it certainly does of malignant cholera. An epidemic thus beginning in the northern districts, travels southward and westward, until it has spread pretty well all over the country. An epidemic of small-pox takes two or three years before it arrives at its maximum of intensity; and when this maximum has been attained, the mortality, and apparently the infective power of the contagium, begin to diminish. An interval of two or three years of rest is usually noticed between the dying out of one epidemic and the beginning of a new one. During the rise of an epidemic, it is in this country strangely affected by season. Hot and dry air, or air loaded with excess of humidity, appears to exercise a repressive effect; for generally, however much an epidemic may spread during the cold dry season of the year, the hot winds or rainy season put a check upon it, so that it has to wait until the cessation of the rains and the commencement of the cool weather before it can again commence epidemic activity. Unfortunately the hot and rainy seasons in India are also inimical to the vitality of the vaccine contagium, so that these seasons cannot be utilised so much as desirable in pushing vaccination on a population lying in the path of an advancing epidemic of small-pox.

The last great outbreak of small-pox in Bengal occurred, I believe, in the year 1866, and in that and the following years it advanced westward and southward, over Bombay and Madras, as will be evident from the death returns of those Presidencies, which I have transcribed below. It advanced at the same time over northern India; but I have no data at hand to show its prevalence in the north-west.

Presidencies.	Population.	Deaths from Small-pox.				
		1866.	1867.	1868.	1869.	1870.
Bombay	14,000,000	2,767	8,802	15,187	12,673	...
Madras.....	26,000,000	23,108	27,284	33,531	17,448	11,108

In what manner this infective epidemic has been conveyed from Asia to Europe I have no data at hand to guide me in offering an opinion; but that the small-pox wave of 1867 and 1868 has moved west and north from the shores of India is, I think, but too probable. From France it seems clear that the movement has been in a westerly direction, the epidemic attacking England first, and then Ireland. It seems to me desirable that the epidemic movement of small-pox through Europe should be traced and recorded with the object of seeing how it may fit in with the late epidemic movement in the East. If I am not misinformed, 1863 was a notable small-pox season in England, and the years 1861 and 1862 marked the acme of a great epidemic over the peninsula of India.

From the history of all epidemics, whether of cholera or small-pox, it seems tolerably well established that outbreaks, which to mere local observers appear to be connected with local causes, have their assigned place in a general epidemic movement. The small-pox from which England is now suffering may possibly turn out to be the local expression of an epidemic movement encircling nearly the whole of the civilised world. I do not know that this fact, if it be one, is of much practical significance. If we are still in ignorance of the laws of epidemic movement of diseases, that is no reason why we should be so unprepared to meet a disease of the nature of small-pox.

Excuses may fairly be made for the slow progress of vaccination in India; but none can be urged for the terrible neglect in England, which has caused the passing epidemic of small-pox to press so heavily on the people. As a test of the "protected" condition of the population, the pestilence may not be destitute of useful results if its lessons are rightly appreciated.

As we shall very shortly be entering upon another small-pox cycle in India, I have felt it my duty to urge the introduction of compulsory vaccination, at first in a few localities, with power to extend the system as the machinery for its successful working becomes available. After sixty-nine years of experience in Southern India of the voluntary system, the results show that something less than one-twentieth part of the children born are subjected to vaccination; while of adults, about eighty per cent. of those who enter our gaols bear marks of having had small-pox. And yet vaccination, where it is efficiently used in India, as in the European and native army, is just as efficient a protection against small-pox as it is in temperate climates.

Your obedient servant,
W. R. CORNISH, F.R.C.S.,
Madras, March 7th, 1871. Sanitary Commissioner, Madras.

METROPOLITAN BUILDINGS ACT.

SIR WILLIAM TITE'S Bill has been printed, and is now issued with some useful explanatory observations intended to render the scope of the Bill easily understood. There are 142 clauses, and copious schedules having reference to specific details, the object being to consolidate and amend the existing Building Acts, and to make new provisions in accordance with sanitary and other requirements. The Bill contains special provisions for the more effectual prevention of fires, stopping short, however, of requiring that means of escape from upper floors should be regarded in the constructive arrangements of new dwellings. Under clause 45 are scheduled many regulations for securing houses against damp, of great importance in a sanitary point of view. And, speaking generally, it appears to us that if this Bill passes, a substantial benefit will be conferred upon the metropolis, which at present stands sadly in need of the same.

G. D. P., (St. Leonard's.)—Apply for the requisite information to Mr. de Méric, 52, Brook-street, W.

Mr. Fairlie Clarke's letter arrived too late for insertion in our present number.

A CASE OF DEATH FROM CHLOROFORM.

To the Editor of THE LANCET.

SIR,—I desire to record a case of the above in the person of Lieut.-Colonel R——, a gentleman of a full habit of body, about middle height, aged fifty. On the night of May 8th he met with an accident, sustaining a compound dislocation of the lower extremity of the tibia, with fracture of the fibula. I was fortunately enabled to have the immediate assistance of Mr. Pode, a surgeon, visiting in the neighbourhood of my patient's house. With some difficulty, after enlarging the wound, the dislocation was reduced, and the limb placed securely on a M'Intyre splint. On the following morning I expressed a wish to have the opinion of a consulting surgeon, and Mr. Square, of Plymouth, was summoned. After a consultation, it was considered necessary (in order to avoid re-luxation of the joint from the extreme restlessness of the patient) to put the limb in a swing apparatus. Every possible arrangement was made to prevent any untoward accident; but the muscular contractions of the limb were so violent, and the sufferings of the patient so intense, that chloroform was suggested. The patient and his relatives, who were at the bedside, acceded, and Mr. Square administered the drug in the ordinary way on a handkerchief. Less than one drachm and a half was employed. The patient struggled somewhat during the inhalation. In about four minutes he was deemed sufficiently under its influence, and the limb was about to be raised from the splint when dangerous symptoms presented themselves. Artificial respiration was carried on incessantly; the teeth were firmly clenched, demanding considerable force to separate them sufficiently to draw forward the tongue. After about forty minutes' persevering exertion we anticipated a happy result, inasmuch as the heart's action was good, and respiration fairly established; but the breathing and the pulse now suddenly ceased, and all efforts to arouse them proved unavailing. Death occurred in about five minutes.

I am, Sir, yours truly,
Plympton, Devon, May, 1871. GEO. MILES, M.R.C.S. Eng.

"GAS-FLAME DENUDED OF ITS IMPURITIES."

UNDER this title a curious correspondence is going on in the *English Mechanic*. Mr. E. Ward-Jackson, J.P., of Royal Park, Clifton, appears to have discovered a process for avoiding the unpleasant effects of warming dwelling-houses by means of gas-stoves, and which is not very clearly described, but seems to consist in some kind of arrangement for washing the products of combustion with clean water. Mr. Ward-Jackson has not patented his invention, not being, as he says, "in want of such adventitious aid"; neither will he make drawings of his apparatus; but he says, "I open my house, heated in every part by gas, to every scientific or other person who may wish to see gas-flame denuded of its impurities in full play, any day from two till four o'clock." Some one, who signs himself "Scrutator," appears to have availed himself of the invitation, and to have seen the apparatus. We think that Mr. Ward's invention may be valuable; but his views in natural philosophy are somewhat odd, and not unlike what we should fancy *Lord Dundreary* might have entertained. We quote the following from one of his letters:—

"I simply reply that everything in nature goes upwards until it is prevented from doing so by some other countervailing force. Take one homely instance: Go into any county where there is stone; look at those fields covered with stones. If I take that farm, says the farmer, I will first remove those stones. He sets to work and removes the stones, and the next year the same fields are again covered with stones. Why? Because the stones are always rising to the surface. So with water; it is always exhaling upwards."

Galen.—We are glad that our correspondent concurs with us so fully. There is no need to insert his note on the third point; first, because it is slightly irrelevant; and also because it is founded on a fancied injustice, which cannot accrue to him from an answer to an anonymous correspondent.

Julian.—Second-hand copies cut up, and the sets incomplete, would not be of much value.

Dr. Woodward (Worcester), on referring to our advertising columns of May 13th, will find the sort of institution he wants.

ROYAL LONDON OPHTHALMIC HOSPITAL.

To the Editor of THE LANCET.

SIR,—In your last number the names of the following gentlemen appear as having been "appointed" clinical assistants to the Royal London Ophthalmic Hospital:—Adams, James E., F.R.C.S.E.; Cowell, George, F.R.C.S.E.; Tay, Wm., F.R.C.S.E. Will you kindly permit me to state that they were the usual annual *reappointments*, Mr. Cowell's first appointment dating as far back as 1861, and those of Messrs. Adams and Tay in 1869.

I am, Sir, your obedient servant,
J. MOGFORD, Secretary.
Bloomfield-street, Moorfields, May 15th, 1871.

TREATMENT OF HEPATIC DISEASES BY CHLORIDE OF AMMONIUM.

Surgeon Stewart's (2nd batt. 21st Fusiliers) communication on the "Treatment of Acute Hepatic Diseases in India with Ch oride of Ammonium" has been received, as well as the other papers to which he refers; but we regret our inability to insert his paper on account of its great length. The facts appear to be important, and they might be left to tell their own story. If our correspondent will permit us to curtail his communication, or forward us a *précis* of his cases, we will endeavour to meet his wishes; if not, we would suggest that his paper should be forwarded for publication in the next blue-book of the Army Medical Service. In the meantime, in order that Dr. Stewart's plan of treatment may be tried experimentally by those who have the opportunity of doing so, we may append the following table kindly furnished to us by him:—

Cases of Hepatic Diseases treated successfully by Chloride of Ammonium in the Hospital of 2nd batt. 21st Fusiliers from Sept. 1st, 1869, to Dec. 31st, 1870.

Disease.	Admitted.	Discharged.	Died.
Hepatitis	46	46	...
Simple enlargement of liver...	4	4	...
Abscess of liver	9	9	...
Total	59	59	None.

Doubtful.—1. The possessor of the title cannot legally put "Dr." on his plate or card.—2. It is always bad taste to do that which conveys a false impression. The only excuse to be made is for those who took the qualification on the understanding that it carried the title before the comparatively recent legal decision on the question.

Mrs. Florinda Scott.—The afflicted friend of our correspondent is in need of careful attendance, and should consult her medical adviser.

A. B. C. should place himself in the hands of an artistic coiffeur.

MINOR OPERATIONS BY STUDENTS.

To the Editor of THE LANCET.

SIR,—Allow me to add my testimony to the advantage and pleasure which students derive in being permitted to perform minor operations under the guidance of their teachers, and in the presence of their colleagues. I well recollect a few years ago, as a student and dresser at the London Hospital, the pride I felt on being allowed by one of the surgeons to remove a middle finger at its metacarpo-phalangeal joint under his supervision, and in the presence of the class.

I should think that there was no method better calculated to act as an incentive to diligent attention to clinical work than such rewards as these held out to industrious pupils. Dressers as a body should feel greatly obliged to you for advocating so useful a measure; for I trust the attention you have drawn to the subject may be the means of its more general adoption, not only at Guy's and the London, but at all hospitals.

Your obedient servant,

May, 1871. AN OLD STUDENT.

FATHER HOGAN.

A CORRESPONDENT is thanked for his courtesy in forwarding us information regarding the labours of the above-named priest during the first and second sieges of Paris, and especially in connexion with the sick and wounded in ambulance duty. The facts, though of interest, are scarcely adapted to our pages.

Enquirer.—The answer would depend on the qualification to be tried for. Our correspondent should consult the body to which he means to apply.

Mr. Macklin's communication has been received; but we regret that we cannot insert it.

THE DEPRIEZ DEFENCE FUND.

THE following is a list of the subscribers and subscriptions to this laudable Fund up to Saturday, the 13th inst.:—

Dr. Sarvis	£4	2	0	Dr. Stallard	£0	10	6
Dr. Massingham	2	2	0	Dr. Lane	0	10	6
Dr. Morell Mackenzie ...	2	2	0	Dr. Bate	0	10	6
Drs. Smart and Moore ...	2	2	0	Dr. James	0	10	6
Dr. Welch	1	1	0	Dr. Stuart	0	10	6
Dr. Richards...	1	1	0	Dr. Reilly	0	10	6
Dr. Davey	1	1	0	Dr. Schmidt	0	10	6
Dr. Adams	1	1	0	Dr. Dilworth	0	10	6
Dr. Brotherton	1	1	0	Mr. Benson Baker	0	10	6
Dr. Meldola (the late)... ...	1	1	0	Dr. Thomas	0	10	6
Dr. Gayton	1	1	0				

Further sums in augmentation of the Fund will be gladly received and duly acknowledged by the Treasurer, Dr. T. Sarvis, Bethnal-green-road.

Mr. C. G. Symons.—It is much to be regretted that the case was not reported, as it would then have been common property, and might have formed the subject of comment. As it is, we do not see how we can notice it.

SMALL-POX AND PAPER-MILLS.

To the Editor of THE LANCET.

SIR,—By giving publicity to the following case, you may induce the managers of paper-mills to have those at least who come in contact with the rags revaccinated.

I was called to attend two girls who worked opposite to each other in the rag-room. Both sickened with small-pox on the same day. One lived in a cottage surrounded with fields; and the other in a row of houses half a mile distant. No case of small pox has been in the town or neighbourhood lately, and no fresh case has so far appeared, now the ninth day since the eruption manifested itself. Unfortunately the girls would not be revaccinated when asked some months since.

I think from the above facts there can be no great difficulty in tracing the disease to the infected rags.

Yours truly,

May 8th, 1871. JOHN F. BOYES, M.B.

HOSPITAL ORGANISATION.

Mr. Bagnall (Preston Infirmary) desires to express his thanks, through the medium of THE LANCET, to house-surgeons and secretaries of hospitals who have sent him their reports, and would feel indebted to gentlemen who have written papers bearing on the subject of Hospital Construction, Finance, Management, &c., if they would favour him with the names and dates of the periodicals or transactions in which they may be found.

Vulpes.—West on Diseases of Children, or Meigs and Pepper or Smith on the same subject. The two latter works are American, and very good.

M.D.—Canada, we should say, is an excellent field for the young and energetic practitioner. An English diploma suffices.

A Constant Reader should know by this time that we never prescribe, or recommend practitioners.

Mr. Henry Edwards (Smarden, Kent) had better put the matter into the hands of the police.

CORRECTIONS.

To the Editor of THE LANCET.

SIR,—I should be obliged if you would correct a misprint which occurs in your last impression. In a notice of a new kind of suture scissors that you were kind enough to print, the word "tumour" in the second line should have been "suture."

At the same time would you allow me to notice that in your leading article on "Vaccino-Syphilis," I am stated to have said that vaccination was "never" practised at St. Bartholomew's Hospital. I said that vaccination was not performed at St. Bartholomew's. I believe it is now about two years since it was given up.

Yours obediently,

Stratford-place, May 17th, 1871. THOMAS SMITH.

THE communications of *Dr. Hughlings Jackson*, *Mr. C. G. Symonds*, our Vienna correspondent, and many others of scarcely less importance, are unavoidably kept over till next week for lack of space.

Musagetes.—The song entitled "The Medical Wife" is a witty, good-humoured satire on the "Lady-Doctor" movement, and, both as to words and music, is capable of highly effective performance at the piano.

Dr. Morehead's request shall be attended to.

Mr. H. Brown (Northallerton) is thanked for his letter; but he will see that the points he refers to have been dealt with in our Annotation columns.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Critchett; Mr. Maunder; Mr. Price; Mr. Bonsor; Mr. Gale, Foxton; Dr. Woodward, Worcester; Mr. Eaton; Mr. Moir; Dr. Griffiths; Dr. Land, Christchurch; Mr. Calantarients, Scarborough; Mr. Kerbey, Weobley; Mr. R. W. Cooke, Thornage; Mr. W. Jones; Mr. Brown; Mr. White; Mr. Giles, Coggeshall; Mr. Strong; Mr. T. Smith; Dr. Constable; Dr. Great Rex, Kidsgrove; Dr. Chisholm, Baltimore; Mr. Roberts, Attercliffe; Dr. Sarvis; Mr. Steele; Mr. Willson, Cardiff; Mr. Commins; Mr. S. Sandford; Dr. Whitworth, Tenby; Mr. Robertson; Mr. Way; Dr. Corley, Dublin; Dr. Manning, Gladesville, N.S.W.; Mrs. Scott; Mr. Reed; Mr. Fry; Mr. Ford, Melbourne; Mr. Ceely; Mr. Pritchard; Mr. Perkins; Mr. Atkins; Dr. Dale; Dr. Archibald, St. Andrews; Mr. Holroyd; Mr. Robinson; Dr. Stephens, Ilminster; Mr. Glanville; Dr. Smith, Calcutta; Mr. Greame; Dr. Bruce, Birkwall; Dr. Stewart, British Burmah; Mr. H. Glasston, Folkestone; Mr. Vernon; Dr. Veale, Bombay; Dr. Reed, Hingohi; Dr. Grigor, Rome; Dr. Whidborne; Mr. Smith, Northampton; Mr. Moxon; Mr. Mogford; Mr. Watson; Mr. Redford; Dr. Alison, Bridlington; Mr. Leigh, Oxford; Mr. F. Shepherd; Mr. Brackett; Dr. Williams, Norwich; Mr. A. Eden, Scarborough; Messrs. Kiernan and Co., Doncaster; Dr. Grant, Longton; Mr. Chaplin; Mr. R. Smith; Mr. Lee, Colney Hatch; Mr. Dawson, Shirley; Dr. Broom, Sheffield; Mr. Byrne; Mr. Fenn; Mr. J. T. Jones, Llanfyllin; Mr. Scott, Barking; Mr. Fairlie Clarke; Dr. Purvis; Mr. Ravenhill, Sunderland; Mr. Large, York; Mr. Soane, Hooley; Dr. Tibbits, Leicester; Mr. Miles, Plympton; Mr. Harrison, Walsall; Dr. Morehead, Edinburgh; Dr. Brown, Northallerton; Mr. Land, Exmouth; Dr. Watson; Mr. Little; Mr. Stewart, Middlesborough; Mr. Blake; Mr. Lester; Mr. Machlachlan; Dr. Borham; Mr. Walker; Dr. Wood, Dunston Lodge; Mr. Baskerville, Market Drayton; Dr. Gayton; Mr. Shorter, Coventry; Chemicus; A. Z.; A. B.; R. H. S.; Dispenser; A Constant Reader; M.D.; W. P.; C. J. D.; Eye Witness; J. P.; B. A.; Enquirer; J. A. R.; Julian; Z. R.; G. D. P.; An Old Reader and Subscriber; A. B.; An Old Student; Eboracis; L.M.; Doubtful; Vulpes; A Medical Officer of a Workhouse; &c. &c.

Glasgow Medical Examiner, Western Times, Glasgow Daily Herald, Waterford Chronicle, Kentish Independent, Preston Evening News, John Bull, Belfast Telegraph, Bethnal Green Times, and *Macclesfield Courier* have been received.

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